



Referring clinicians are requested to fill in all the fields please.

DPT: Imaging Referral Form

Cost - £73

www.watersidedentalcare.co.uk

reception@watersidedentalcare.co.uk

01326 378969

Patient details	
Name	
Date of Birth	
Address	
Contact tel.	H: M: W:
Email	

Referrer details	
Name	
GDC Number	
Address	
Date of referral	
Email	

Diagnostic	(DPT £73)
DPT:	Full <input type="checkbox"/> Left only <input type="checkbox"/> Right only <input type="checkbox"/>
Report:	Please tick to confirm you will be reporting the OPG yourself <input type="checkbox"/>
Payment:	Invoice to clinician <input type="checkbox"/> Patient to pay <input type="checkbox"/>
Referrer signature:	