



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

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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:			