Dr. Najeeb Hussain

OPG/CT SCAN REFERRAL FORM

Morden Smiles

PRACTITIONER AND PRACTICE DETAILS:

Name of Practitioner

Practice Name

Address

Telephone

Email

PATIENT DETAILS:

Title **DOB**

Name

Address

Telephone

Email

MEDICAL HISTORY

PREGNANT:

- ☐ YES
- ☐ NO
- ☐ N/A

TREATMENT REQUIRED

REGION OF INTEREST:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

☐ OPG

FOR CT SCANS:

- ☐ SMALL VOLUME - FOV 5 x 5
- ☐ LOWER JAW
- ☐ UPPER JAW

MAXILLOFACIAL / ENT:

- ☐ FOV 8 x 5 cm
- ☐ RIGHT TMJ
- ☐ LEFT TMJ
- ☐ PARANASAL SINUS
- ☐ MAXILLARY SINUS
- ☐ FRONTAL SINUS

☐ **ADULT** ☐ **PAEDIATRIC**

URGENT? ☐ YES ☐ NO

JUSTIFICATION FOR REFERRAL:

☐ **IMPLANTS** ☐ **IMPACTED TEETH** ☐ **ORAL PATHOLOGY** ☐ **ENDODONTICS (5x5)** ☐ **BONE GRAFT**

☐ **TMJ** ☐ **SINUS EXAM** ☐ **ORTHODONTICS** ☐ **OTHER (details):**

☐ **TREATMENT PLAN AGREED WITH PATIENT**

Signed by Dentist:…… **Date:**……..

Morden Smiles
6 Crown Parade, Morden,
London, SM4 5DA

www.mordensmiles.co.uk
admin@drnajeebhussain.co.uk
Tel: 020 8540 8879