Auckland Dental Implant and Perio Care Ltd

Richard Longbottom BDS (NZ) MS (USA) FITI

Periodontist

Application for Scan

Referring Dentist to complete

Registration No. ______________________

Name : ______________________

Practice : ______________________

Phone : ______________________

Fax : ______________________

Email : ______________________

Date imaging / Data required : ______________________

Purpose for which image is required (please indicate relevant areas)

- Implant Placement
- Sinuses
- Mandibular Canal
- Root Canals / Root Fracture
- Trauma
- Impacted Teeth
- Bone Measurement
- Orthodontic Evaluation
- Maxillofacial Surgery
- TMJ Evaluation
- Other (please specify): ______________________
- Panoramic View

Area of Interest

- Mandible
- Maxilla
- Mandible & Maxilla

Maxilla

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Mandible

Scan Authorisation

I confirm that the patient has been assessed as suitable to undergo the prescribed scan.

Signed by Dr. ______________________

Name : ______________________ Date : ____________

Patient to complete

Patient Name : ______________________

Address : ______________________

____

Phone : ______________________

Email : ______________________

Date of Birth : (day / month / year) ______________________

Gender : (please tick ✓)

Male ○ Female ○ Are you pregnant? Yes ○ No ○

ACC Applicable : Yes ○ No ○

ACC Number : ______________________

I understand that this scan is required for my treatment and is necessary to assist in the assessment and diagnosis thereof. The scan will be sent to my dentist as requested. The fee for the scan is payable directly to Auckland Dental Implant and Perio Care Ltd at the time of the scan.

Signed by patient : **Date : / /**

Auckland Dental Implant and Perio Care Ltd is located on the corner of Greenlane East and Peach Parade, Remuera

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