

## CT Scan Request

229 Hornchurch Road, Hornchurch, Essex RM12 4TP ☎ 01708 707050 📠 01708 707040  
1809 London Road, Leigh on sea, Essex SS9 2ST ☎ 01702 553535 📠 01702 554559  
Email- enquiries@highlandview.co.uk

### **Patient Details:**

Name:

Address:

Date of Birth:

Telephone: Home:  
Mobile:  
Work:

### **Referring Dentist:**

Name:

Address:

Telephone:

Signature:

**Examination Required:** (Parallel to occlusal plane unless requested otherwise)

CT Maxilla  CT Mandible  CT of both jaws

Please tick if you would like CT Maxilla to show 20+mm maxillary sinus (e.g. prior to sinus lift)

Patient to wear stent provided by own dentist?  Yes  No

### **Format required by dentist:**

SimPlant Planner (Referrer must have a SimPlant software licence)

Send by: FTP file\*  **Or** on CD  (Delivery within 7 – 10 days)  
\*Requires set up please enquire

Full formatting including 3D Single jaw  £295 Both jaws  £420

Dicom only (e.g. SimPlant Pro users) Single jaw  £200 Both jaws  £250

SimPlant OneShot Fee  £245 – to be added if dentists do not have a SimPlant Planner Licence

Express Fee for same or next day service  £75 (by prior arrangement)(Normal delivery 7 – 10 days)

**Please Note:** Patient's will be requested to make payment at the Scan appointment.  
Please indicate if you prefer the referring practitioner to be invoiced

### **Additional Information / Justification for Scan**

Please indicate where you are planning to place implants (if appropriate)