new tec dental
DENTAL & FACIAL AESTHETICS

Cone Beam CT Imaging Referral

Patient Details

Surname: First Name:

D.O.B: Email:

Address:

Tel (Home): Tel (Mobile):

Reason for Referral

Scan Requested (Please tick)

☐ Maxilla 6cm scan ☐ Mandible 6 cm scan ☐ 2 arch 8cm scan ☐ 2 arch 13 cm scan

ALL SCANS ARE CARRIED OUT PARALLEL TO THE OCCLUSAL PLANE

Format Options (Please tick)

☐ i-CAT vision (incl software)	1 jaw	£ 200.00	☐ Both Jaws £250.00
☐ SimPlant Planner:	1 jaw	£ 295.00	☐ Both Jaws £410.00
☐ SimPlant Advanced:	1 jaw	£ 475.00	☐ Both Jaws £630.00

☐ SimPlant OneShot (additional fee per SimPlant case) £200.00

Referrer Details

Dentist:

GDC no:

Address:

Email:

Tel Practice: Tel Other:

Signature:

Payment method

☐ Patient pays (cash/card only) ☐ Invoice to dentist

- **Please send or email the completed form to New Tec Dental Scanning Coordinator. We will contact the patient to arrange a mutually convenient appointment.**
- **All i-CAT Vision images are supplied to you on CD ready for you to view on your own PC.**
- **All SimPlant images are supplied via IDT Imaging unless you specify otherwise.**