



IvyCross

D E N T A L S U R G E R Y

OPG / DPT RADIOGRAPHY REFERRAL FORM

Patient Details

Name	Address
D.O.B.	
Home	
Mobile	
Email	

Referring Doctors Details

Referring Clinician	Surgery Address
GDC/GMC Number	
Surgery Telephone	
Mobile (Optional)	
Surgery Email	

Clinical Justification for Radiograph

Declaration

- It is a requirement that the referrer is responsible for supplying sufficient information to justify an appropriate exposure and so all parts of this form must be completed by the referring clinician in advance of the patient's appointment
- Each exposure must be justified on the grounds of the...
 - Availability and findings of previous radiographs
 - Specific objectives of the exposure in relation to the history and examination of the patient
 - Total potential diagnostic benefit to the patient
 - Radiation risk associated with the radiographic examination
 - Efficacy, benefits and risk of alternative techniques
- All doses must be kept as low as reasonably practicable (ALARP) consistent with the intended purpose
- You must be appropriately and adequately trained and qualified to consent the patient, request the radiographic investigation and fully interpret and report on the requested investigation
- Unless otherwise specified the image data will be supplied on an unencrypted USB stick and given directly to the patient to deliver to the referring clinician
- The image data will be supplied in JPEG format (unless requested otherwise)
- The financial charge for the investigation will be collected directly from the patient at the end of the OPT/DPT radiography appointment
- By signing below, you declare that...
 - You are a registered and appropriately trained clinician legally entitled to request such investigations
 - You will consent your patient in advance of the investigation
 - You will accept sole responsibility for interpreting and reporting on the requested investigation
 - You will take all steps to comply with the General Data Protection Regulations (May 2018)
 - **You will advise the patient of the cost of the investigation in advance of their attendance**

Signed

Date