

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Regarding referral of patient for “unreported” images

Dear sirs,

We will be most pleased to supply you with the required unreported CBCT imaging, to be returned to the clinic on disc (delivered by the patient following examination).

To supply this imaging, we will require the following:

1. A signed copy of this letter returned to us, to assure us that you have put into place systems of work regarding making written evaluation (report) for all returned images;
2. Please use the provided X-Ray Referral Form, the use of which has been approved by our Medical Physics Expert, and endeavour to complete all required information therein;
3. Please see the attached A4 information poster regarding likely scales of dose and risk as a result of common x-ray examinations (for discussion with patients);
4. We will require sufficient clinical information with which to justify each patient exposure and retain the right to reject referrals with insufficient clinical justification.

The cost of this service is £200(unreported image).

Kind regards,

Dr Paul Kletz

*“I have read the above requirements and agree to supply all patient information and clinical history as may be required and will ensure to keep my own written procedures for conducting and recording the report of findings on the returned unreported imaging.”*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_