



### CBCT Referral Letter

#### Referral Consultant Details

Name:
Address:
Tel:
Email:
Date:

#### Patient Details

Name:
Address:
Tel:
Email:
DoB:

Reason for scan

Area to be scanned:	
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I would appreciate if you could schedule to meet with this patient at your convenience. If I can be of any additional assistance, please do not hesitate to contact

Yours Sincerely,

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

