

Revital Dental Care Referral services

We also provide additional services on referral:

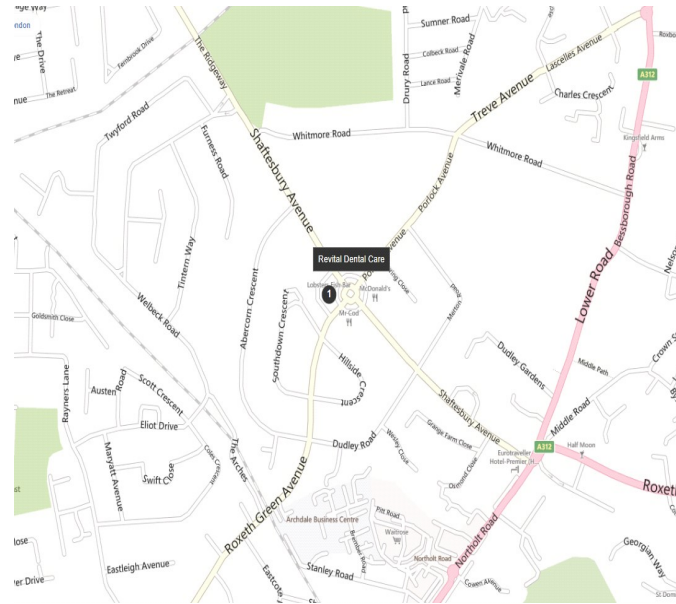
- Implant placement & restoration
- Hard & Soft tissue grafting
- Simpli5 orthodontics & Invisalign
- TAD placement
- Same Day Cerec Crowns
- Facial Aesthetics
- Laser therapies using WaterLase MD hard/soft tissue laser:
 - * Laser Periodontal Treatment
 - * Frenectomy
 - * Painless fillings
 - * Endodontics (new & re-treatment)
 - * Crown lengthening (faster healing)

Please contact for more details on:

02084222120

smile@revitaldental.com

'Excellence in Oral Health Care'



Dr P Amin & Dr K Kothary
4 Shaftesbury Parade,
S. Harrow
Middlesex.
HA2 0AJ

Phone: 0208 422 2120

Email: smile@revitaldental.com

REVITAL DENTAL CARE

CT Scan Referral

(Cone Beam CT)



PaX-i3D Smart™

4 Shaftesbury Parade,
S. Harrow
Middlesex.
HA2 0AJ

Tel: 02084222120

Cone Beam Computer Tomography

We are pleased to offer a local cost effective referral service for practices that require CT imaging.

Our **Vatech PaX-i3D Smart** CBCT scanner uses the latest imaging sensor to capture high quality digital 3D images.

We are able to offer scans of sizes; 5x5 and 10x7, 10x8.5, which limits patient exposure to small field of views that are usually required for the vast majority of cases that require a CT scan.

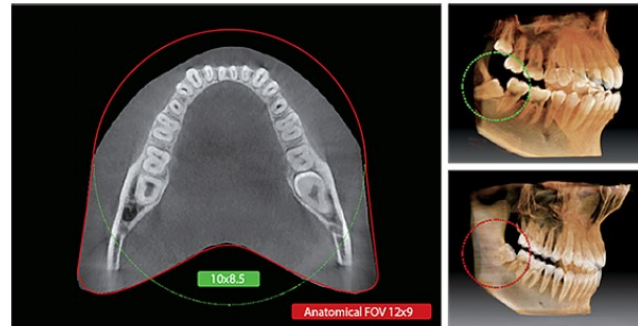
Images will be supplied digitally on CD/DVD in DICOM file format, which can be imported to most popular imaging software or can be used with the software included on the disc.

Indication Guide:

CBCT scans with small field of views allow clinicians to view specific areas of interest in high quality 3D images, without exposing the patient to unnecessary high radiation dosages that are produced by conventional CT scans.

Hence indications can be expanded as the information gained from our CBCT, compared to conventional intraoral or panoramic imaging, is far superior and therefore justified within the IMER 2000 guidelines.

- Implant surgery
- Grafting incl Maxillary Sinus
- TMJ imaging
- Complex Endodontics
- Deeply Impacted wisdom tooth



Hard copy prints of images are available on request.

Please call for prices.

3D Radiography Referral

PATIENT DETAILS

Title: _____ **First Name:** _____

Surname : _____

DOB: ____/____/____

Address: _____

Post code: _____

Tel: (home)_____

Tel: (mob)_____

Email: _____

Medical History

Reason for Referral

Area of Interest : _____

Scan size: 5x5 10x7 10x8.5 Endo(5x5)

Report: Y / N

Enclosures: **Intra-oral Xray** **OPG** **Stent**

REFERRING Denist

Name: _____

Address: _____

Tel: _____

Signature: _____

Date of referral: ____/____/____

Fees: Scan £90 per scan

Report £50 (5x5) £120 (other sizes)

Payment by Cash, Debit/Credit Card or Cheque