

DEPARTMENT OF DENTAL RADIOLOGICAL IMAGING

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Dear Referrer,

Thank you for your email/letter requesting a radiographic opinion.

To enable us to provide a radiographic opinion, please ensure all radiographs, patient details and clinical history are **forwarded from an @nhs.net email** address to gst-tr.DentalRadiology@nhs.net to ensure all patient information is transferred securely.

The following table must be completed to enable us to provide a radiographic report. All reports will be returned from the gst-tr.DentalRadiology@nhs.net and to the referring @nhs.net email address only.

Patient Name		
Patient Date of Birth		
Patient Address		
Patient NHS Number		
Name and Address of Referring Clinician		
Clinical Details related to this referral		
Please include the most recent as well as any previous radiographs of the region of interest available. Please indicate in the table to the right, which images are attached The <u>date of each radiograph must be included</u> Please send digital images in PNG,JPEG or where available DICOM format	Radiograph (e.g. dental panoramic/bitewing/periapical etc.)	Date of radiograph

I confirm that the attached radiographs are of the correct patient and are dated & orientated correctly

Name: _____ GDC Number: _____

N.B. Reports on external Cone Beam CTs can be provided for a £75 fee
Please contact gst-tr.DentalRadiology.nhs.net for further details