

OPG Referral Form

Referring dentist name and practice address	
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Referral date	
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It shall remain the responsibility of the referring practitioner to report on the OPG and treatment plan accordingly.

Patient Details:

Title _____ Forename _____
Surname _____

Date of birth _____		
<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; text-align: center;">Male</td> <td style="width: 50px; text-align: center;">Female</td> </tr> </table>	Male	Female
Male	Female	

Contact address	
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Daytime phone	
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Mobile phone	
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Justification	
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Any other OPG taken in the last 6 months ?	<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">No</td> <td></td> </tr> </table>	Yes		No	
	Yes				
No					

Is the patient pregnant ?	<table border="1" style="margin: auto;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">No</td> <td></td> </tr> </table>	Yes		No	
	Yes				
No					

Signature of referring dentist _____