

Prescription for Radiology - ICE Hospital



FORM SF1

Clincian's Name
Position
I agree to the Terms and Conditions for the prescription of radiographs at the ICE Hospital

Patient's Name	
Patients Date of Birth	
RMH Checked and nothing contra-indicatory	<input type="checkbox"/>
Pt not Pregnant	<input type="checkbox"/>
Pt consent achieved	<input type="checkbox"/>

Is the patient to wear a Radiographic template:				
	Maxilla	<input type="checkbox"/>	£25	
	Mandible	<input type="checkbox"/>	£25	
	Both	<input type="checkbox"/>	£40	
Area of Interest	OPT	<input type="checkbox"/>	£65	
	Mandible 6cm	<input type="checkbox"/>	£90	
	Maxilla 6cm	<input type="checkbox"/>	£90	
	Both jaws 10cm	<input type="checkbox"/>	£160	
	UL Quad	<input type="checkbox"/>	£65	
	UR Quad	<input type="checkbox"/>	£65	
	LL Quad	<input type="checkbox"/>	£65	
	LR Quad	<input type="checkbox"/>	£65	
	Small FOV	<input type="checkbox"/>	<input type="checkbox"/>	£60
		Indicate teeth	<input type="checkbox"/>	<input type="checkbox"/>

Justification
Clinical context
Results of history, clinical exam or other imaging
What information do you want the exam to provide?

Do you require:	Pathology Report	<input type="checkbox"/>	£45
	Radiology Report	<input type="checkbox"/>	£95
	3D Model	<input type="checkbox"/>	£350

Signed	<input type="text"/>	Date	<input type="text"/>
<i>FOR OFFICIAL USE ONLY</i>			
Processed by	<input type="text"/>	Radiographer	<input type="text"/>