Dr Paul Moore BDS Gate Clinic. Dock Road. Galway

GATE DENTAL CLINIC
part of Smiles Dental

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Dentist:

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## "i-CAT" Request Form

All requests for a Cat Scan must be accompanied by a specific signed prescription including the purpose the scan is required. Please post, fax, or email this form to the clinic.

Date:

Dentist Address:	Contact Phone:			
Purpose of Sc	an:			
The CT images will be Signature of dentist:	clinically evaluated and	the findings reco Date:	orded by me ( if not. pleas	se state by whom)
Patient Name:			DOB:	
Address:			Phone:	
Step One	Choose area to be scann	ed		
Minimal Field Of View AREA TO BE SCANNE	(eliminates radiation to ED:	cervical area)	MFOV	
	1. Mandible	4cm	5.5 cm	
	2. Maxilla	4cm	5.5 cm	
	3. Maxilla and mandible	e 8cm		
NON MFOV	1. Mandible	4cm	6 cm	
	2. Maxilla	4cm	6 cm	
	3. Maxilla and mandible	e 8cm	10 cm	
FULL SCAN			13cm	
Step Two	Choose duration of scan	The higher ti	mes will give higher detail	but higher exposure.
	10 seconds	20 seconds	40 seconds	
Step Three	Voxel size (Three dimensional "pixel" size - exposure.)			
	Note the smaller the pixel the higher the definition and the greater the dosage.			
	0.4V	0.3V	0.25V	

## Please note

- 1. High resolution pictures of 0.12 area only available 8cm x 6 cm 40 sec.
- 2. Our default dental protocol for assessment of dental / bone relationship is 20 seconds 0.04 Voxels
- 3. We will return the scan as an I-Cat Vision viewing disc unless asked otherwise.
- 4. Printed formats and Simplant formats are available on request. See sheet 2.

## PLEASE NOTE

- 1. WE WILL ONLY SCAN ON RECEIPT OF YOUR WRITTEN PRESCRIPTION
- 2. CONSIDER THE ALARA PRINCIPALS - SELECT A SETTING TO ACQUIRE APPROPRIATE LEVEL OF DETAIL
- 3. YOU MUST HAVE PURPOSE OF SCAN INCLUDED IN PRESCRIPTION.

## Privacy Policy

We recognise that when you give us personal information (which includes health information) you're trusting us to take good care of it. Please see http://www.smiles.ie/privacy-policy/ for more information about how we collect, use and protect your data. If you don't want to receive marketing about Ortho products and services that we think are relevant to you, please email us at optmeout@bupa.com, write to us at Bupa UK Information Governance, Willow House, Pine Trees, Staines, TW18 3DZ, or call our customer service team.