

### Referral to Leeds Dental Institute Radiology Department for Imaging & Second Opinions

Patient Details			
YAH no. (if applicable)		NHS No	
Surname		Forename	
Title		Date of Birth	
Contact number		Sex	
Patient Address			
Patient Category	<input type="checkbox"/> NHS <input type="checkbox"/> Private Patient		
<input type="checkbox"/> Please confirm that if the patient has been treated as a private patient in practice they have been informed that they will be imaged as a private patient. NB: There will also be a cost for second opinions for private patients. <b>Please contact the department if information regarding charges is required.</b>			

Referral Details			
Nature of Referral	<input type="checkbox"/> Imaging Referral <input type="checkbox"/> Second Opinion	<b>Has imaging been sent to the department?</b> <i>(Images MUST be dated in dd/mm/yyyy format)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, via post <input type="checkbox"/> Yes, via email <input type="checkbox"/> Yes, via IEP
Examination Requested	<input type="checkbox"/> CBCT <input type="checkbox"/> Panoramic (OPG) <input type="checkbox"/> Intra-Oral <input type="checkbox"/> Other, please specify	<b>Anatomical site</b> <i>(e.g. UR5)</i>	
Clinical History relevant to clinical question to be answered			

Referrer Details			
Practice Name, Address, Hospital Trust & Department			
Referring Clinician		Consultant (if differs)	
GDC / GMC Registration Number		Referrer Signature	
Referral Date			

# GUIDANCE NOTES

## Form Use

This form should only be used for referrals into the **Radiology Department** at Leeds Dental Institute. Referrals to any other department within Leeds Dental Institute will not be accepted. Information regarding referrals into the Dental Institute can be found on the Leeds Teaching Hospitals website. Please note CBCT referrals are not accepted from General Dental Practitioners. **MRI** requests are not undertaken within Leeds Dental Institute and requests should be made in accordance with the normal Leeds Teaching Hospitals Radiology pathway.

## Patient Details

Please provide **all** patient details accurately. If a current telephone number and address is not provided we may not be able to issue your patient an appointment.

## Private Patients

Referrals for private patients are accepted however will incur a cost. If your patient is paying for private dental treatment in practice, ALL imaging required must also be privately funded - please ensure patients are informed of this requirement prior to referral. Patients will need to provide insurance details on arrival to their appointment, or their own payment details where self-funding. For further information regarding charges please contact the department.

Similarly, if second opinions are being sought for private patients, these will also incur a cost. Note, second opinions are not available for CBCTs.

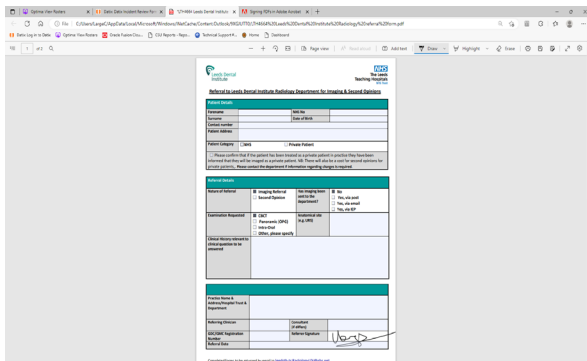
## Referral Guidelines

Information regarding Leeds Dental Institute imaging protocols and referral guidelines can be found on the Leeds Health Pathways website, or via the link below.

<http://www.lhp.leedsth.nhs.uk/common/guidelines/detail.aspx?ID=2371>

## Sending Images

Please attach any necessary, relevant imaging to your email in **jpeg** format, along with this form. For second opinions on conventional film please post your images with this form to the department. All hard copies of images will be returned to you.

A screenshot of a web browser displaying a referral form for the Leeds Dental Institute. The form is titled 'Referral to Leeds Dental Institute Radiology Department for Imaging & Second Opinions'. It contains several sections: 'Patient Details' with fields for name, date of birth, and gender; 'Clinical History' with a large text area; 'Referral Request' with a dropdown menu; and 'Referring Practitioner' with fields for name, address, and contact details. A signature is visible in the 'Referring Practitioner' section.

## Electronic Signatures

In accordance with IR(ME)R 2017 all referrals must be signed by a GDC/GMC registered practitioner. Typed names are not accepted as a valid signature. Please use the 'draw' function on the top PDF toolbar to sign the form. Alternatively, you can use the "fill and sign" function if you have access.

## Department Contact Information

**Address:** Radiology Department  
Leeds Dental Institute  
Clarendon Way  
Leeds LS2 9LU

**Tel:** 0113 3436213

**Email:** leedsth-tr.RadiologyLDI@nhs.net

Completed forms to be returned by email to [leedsth-tr.RadiologyLDI@nhs.net](mailto:leedsth-tr.RadiologyLDI@nhs.net)