

ITERO SCAN REFERRAL FORM

Patient details

Title: _____
First Name: _____
Surname: _____
Date of Birth: _____

Address: _____

Telephone number: _____
Email address: _____

Patient consent for iTero Scan

I (parent/patient name) _____
Have informed consent and give permission for this digital iTero Scan. I understand that The Oakwood Clinic will not be responsible for the assessment of data, suitability for treatment or identifying and referring for any pathology.

Signature (patient/parent) _____

Date: _____

Referrer details:

Referring practitioner Name: _____

Referring practitioner GDC no: _____

Practice name: _____

Practice Address: _____

Practice telephone number: _____

Practice email address: _____



Dear The Oakwood Clinic
Please take an iTero Scan as an:

- i-record
- Invisalign + i-record
- other (please specify) _____

Justification for request:

- Implant treatment planning
- Study models
- Invisalign
- other (please specify) _____

Additional comments:

I understand that The Oakwood Clinic will not be responsible for the assessment of data, suitability for treatment or identifying and referring for pathology. I accept it is my responsibility to obtain the necessary qualifications to refer and assess the data.

A payment of £50 will be made to The Oakwood Clinic on the day of the scan, by the above named patient.

Referrers name: _____

Referrers signature: _____

Date: _____

The iTero scan will be taken by one of the GDC registered nurses or dentists at The Oakwood Clinic, who have completed the appropriate training in scanning and have suitable experience and competence required to take scans.

