**X-RAY REFERRAL/REQUEST FORM**

**PATIENT’S FULL NAME:**

 **DOB:**

**ADDRESS:**

**X-RAY EXAMINATION REQUIRED:**

**CLINICAL INDICATION FOR REQUEST:**

**NAME OF DENTIST:**

**PRACTICE ADDRESS/STAMP:**

**GDC number:**

**SIGNED:**

**DATE:**

**Information for Patients**

Information below Correct as of January 2019 – Please check with the department before arriving to make sure there are no changes to service.

**Please make sure you take this referral/request letter with you.**

**The x-ray image will be copied to a disc for you.**

**Please return this disc to your dentist and ask them to upload it to your referral and assess for any other issues.**

**Pembury Hospital – Radiology Department**

**Tonbridge Road**, **Tunbridge Wells**, **Kent**, **TN2 4QJ**

**0845 155 1000**

Walk-in service operates Monday - Friday **8:30am to 4:30pm.**

**Medway Maritime Hospital - Radiology Department**

Windmill Road, Gillingham, Kent, ME7 5NY

01634 830000

Walk-in service operates

**William Harvey Hospital, - Radiology Department**
Kennington Road, Willesborough, Ashford TN24 0LZ

01233 616033

Walk-in service operates Monday to Friday **9.00am to 5.00pm.**

**Darent Valley Hospital – Radiology Department**

Darenth Wood Road, Dartford, Kent DA2 8DA

01322 428569 or 01322 428568

Walk-in service operates Monday to Friday 9am – 4.30pm