

Request form for OPG Buddy Scheme Radiograph

All boxes below must be completed

Referring Practice	Name of referring dentist Practice name Address Post code tel. no. email address (for digital copy).....@nhs.net	Signature
Buddy OPG practice	Name Address Post code tel. no.	
Patient's details	Name DOB Address Post code tel. no.	
Medical History / Observations		
Patient's Medical Practice details	Name Address post code tel. no.	
Please provide an OPG radiograph for the above patient. Please state your clinical reasons for the radiographic exposure	Please give brief description of condition _____ _____ _____	
Please state whether you intend to refer this patient to the DARS service for an extraction	Yes <input type="checkbox"/> No <input type="checkbox"/> If no please give reasons why you are asking the buddy service to provide you with an OPG X-ray rather than using another intra oral view----- ----- -----	

Notes

1. NHS Surrey will only pay for radiographs for patients with a requirement for diagnosis and NHS treatment of third molar conditions. In exceptional cases, **with prior agreement**, NHS Surrey may approve payment for a radiograph in NHS multiple extraction and complex restorative cases.
2. The referring practice will be liable for the cost of the radiograph (£30) if the request does not relate to a referral or provision of an NHS course of treatment.
3. The referring practice should retain a copy of this request form for audit purposes.
4. The Buddy practice should submit a copy of this request form to NHS Surrey with its invoice for payment and retain a copy for audit purposes.