



RADIOLOGY REFERRAL FORM TO BE USED AS AN AIDE MEMOIRE ONLY

Clinical indication and justification **must** be completed by referring clinician prior to taking x-ray

Date	Surgery	Previous radiographs	Relevant medical information	OPERATOR TASK Original Films (Number and exposure factors)	Extra films
REFERRER TASK Clinical indications to allow justification of radiographic examination <div data-bbox="126 957 493 1066" style="border: 1px solid black; padding: 5px;">Referring Clinicians Signature</div>		Radiographs requested tooth and specific region PANORAMIC ----- BITEWING----- OCCLUSAL----- PERIAPICAL -----		<div data-bbox="1089 915 1344 1024" style="border: 1px solid black; padding: 5px;">Clinicians Initials</div> <div data-bbox="1089 1041 1344 1150" style="border: 1px solid black; padding: 5px;">Operators Initials</div>	

Authorisation of justification **must** be completed prior to operator taking x-ray

IRMER PRACTITIONER
 Authorised by IRMER Practitioner Initials

Operators/Student Signature

To be completed by Mentor post x-ray

Image Quality Rated by Operators Mentor

Grade A

Grade N

Mentors Signature -----