The Square

CT Scan Referral Form

38 Woodburn Square
Douglas, IM1 4DD,
01624 621440

www.thesquare.im

Date

PATIENT DETAILS

Name	
Date of Birth	Address
Telephone	Postcode
Email	Mobile

Relevant Medical History

Reason for Referral

Planned Restoration*

(*Please advise if you prefer a temporary, GIC or amalgam restoration or if a post space is to be prepared)

REFERRING DENTIST

Name	
Referring Dentist	
Address	
Telephone	Postcode
Email	Mobile

Please use additional page if you would like to provide any further information.