



The Parkway  
Private Clinic

Lamberts Road, SA1 Waterfront, Swansea, SA1 8EL  
Tel 01792 455780 Fax 01792 473690

## X-Ray Prescription Form

Date: .....

Patient Name: .....

Number: ..... Date of Birth: .....

Patient's GDP: .....

Dentist X-Ray Prescriber Signature: .....

X-Ray type: .....

### Programme:

- |                          |                            |                            |
|--------------------------|----------------------------|----------------------------|
| 1) P1 Regular OPT        | 2) P2 OPT without Condyles | 3) P10 Child setting       |
| 4) P12 OPT anterior only | 5) BW1 Bitewings           | 6) BW2 Anterior Periapical |
| 7) TM1.1 TMJ             | 8) TM3 TMJ                 |                            |

### Indication for X-Ray

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Caries        | <input type="checkbox"/> Unerupted teeth  | <input type="checkbox"/> Too carious for restoration |
| <input type="checkbox"/> Retained root | <input type="checkbox"/> Apical pathology | <input type="checkbox"/> Wisdom teeth                |
| <input type="checkbox"/> Bone level    | <input type="checkbox"/> Pathology        | <input type="checkbox"/> Root morphology             |
| <input type="checkbox"/> Implants      | <input type="checkbox"/> Other .....      |  |

X-Ray examined by ..... Date: .....

X-Ray taken by ..... Date: .....

Patient/Guardian Consent ..... Date: .....