Radiography

Panoral

We are pleased to invite referrals for Panoral or sectional panoral radiographs. Sectional panoral radiographs can be useful if the patient cannot tolerate intraoral radiography and have the advantage of providing not only a bite-wing view but also periapical views. It does not provide the same diagnostic definition as intraoral radiographs, but is nonetheless very useful when they are not a possibility, and obviously, there is less exposure than a full panoral.

CBCT

We are also pleased to offer CBCT imaging to practitioners who have the relevant IRMER training for referral and reporting. Our Acteon CBCT will take views suitable for endodontics and surgery. Please be very specific about the area you wish to image. We also ask you to sign a service level agreement along with the referral document.

LONG STRATTON DENTAL & IMPLANT CENTRE

Radiographic Referral Form & Service Level Agreement

SECTION 1: RADIOGRAPHIC REFERRAL FORM (CBCT / OPG / PA)

Referring Dentist Details:

Practice Name: _____

Dentist Name: _____

GDC Number: _____

Telephone: _____

Email: _____

Patient Details:

Full Name: _____

Date of Birth: _____

Address: _____

Relevant Medical History: _____

Type of Radiograph Requested (tick as appropriate):

☐ Limited Volume CBCT

☐ Large Volume CBCT

☐ OPG

☐ Sectional bite-wings on OPG

Region of Interest / Teeth Involved:

_____

Clinical Indication (must be completed for IR(ME)R compliance):

_____

_____

Referrer Declaration (IR(ME)R 2017 Compliance):

I confirm that I am entitled under IR(ME)R 2017 to act as a Referrer. I confirm that this referral is clinically justified and that sufficient clinical information has been provided. The patient has consented to referral and sharing of clinical data.

Signature: _____ Date: _____

SECTION 2: SERVICE LEVEL AGREEMENT (SLA)

This Service Level Agreement sets out the understanding between the Referring Practitioner and Long Stratton Dental & Implant Centre Ltd (LSDIC) in relation to radiographic referrals.

1. Scope of Service

LSDIC will provide radiographic imaging services, including CBCT, OPG and intraoral radiography. Where applicable, a structured radiographic report will be provided.

2. IR(ME)R Responsibilities

The Referrer remains responsible for providing sufficient clinical information. LSDIC will act as Operator and Practitioner where appropriate and will ensure justification and optimisation in accordance with IR(ME)R 2017.

3. Reporting

A structured AI-generated report may be provided for informational and adjunctive purposes only. It does not constitute a formal radiographic report for the purposes of IR(ME)R 2017 and must not be relied upon as a substitute for a clinician-led report. Long Stratton Dental & Implant Centre accepts no responsibility for clinical decisions made solely on the basis of the AI-generated output. The Referrer remains responsible for ensuring that an appropriate IR(ME)R-compliant report is obtained, whether by the Referrer or another suitably qualified practitioner, and for incorporating all radiographic findings into the patient's overall diagnosis and treatment planning.

4. Clinical Responsibility

This referral does not transfer ongoing general dental responsibility unless specifically agreed. LSDIC's responsibility is limited to the radiographic service provided.

5. Data Protection

Both parties agree to comply with UK GDPR and the Data Protection Act 2018 in handling patient data.

6. Indemnity

Each party confirms that they hold appropriate professional indemnity cover for the services provided.

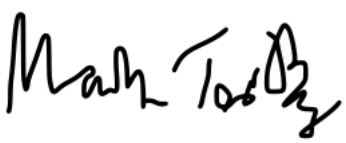
Signed for and on behalf of Referring Practice:

Name: _____

Signature: _____

Date: _____

Signed for Long Stratton Dental & Implant Centre:



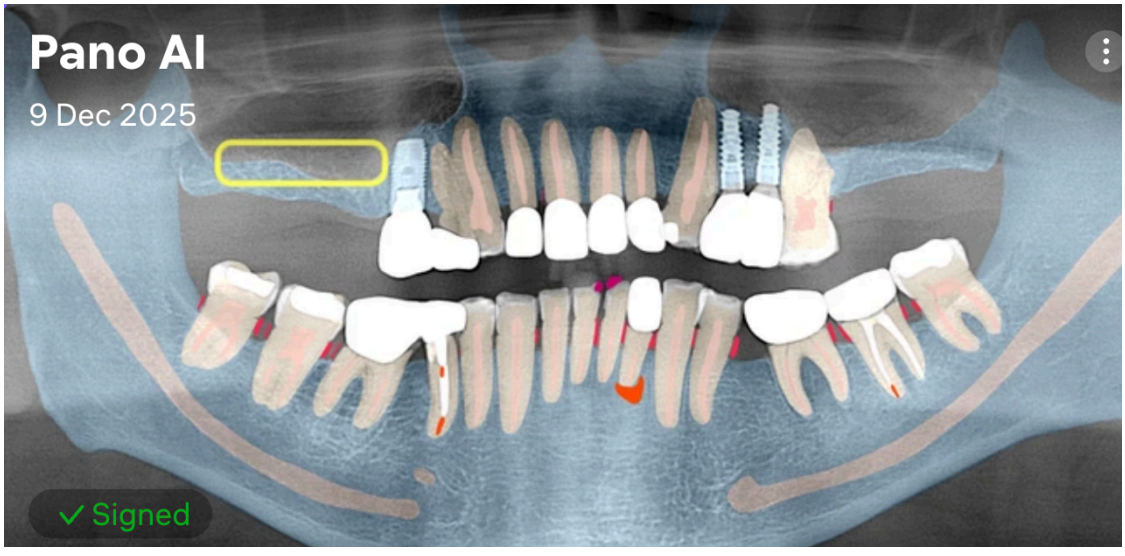
AI Radiographic Analysis

With each referral, we provide a structured AI-generated report to support the clinician's own radiographic interpretation. This report is intended as an adjunct to clinical judgement and does not replace the requirement for a clinician-led assessment. Used appropriately, it can assist in structuring reports and can be particularly helpful when explaining findings clearly to patients. Examples are attached below.

Reports can be supplied as standalone PDF files, or we can provide secure access to the imaging platform, allowing you to interact directly with the scans.

In addition, we are able to generate a 3D .stl model derived from the CBCT data. This can be viewed in its entirety or manipulated to remove specific structures — for example, isolating the root canal anatomy by removing surrounding tooth structure. The models are fully rotatable and scalable, and can provide valuable insight into root morphology and spatial relationships. Illustrative examples are attached; the live models allow full interactive viewing.

This example shows a graphical overlay generated from a panoramic radiograph. As illustrated, the system highlights the periapical region of LL2. Areas of suspected bone loss and incomplete root filling are marked in red. The report also identifies pneumatisation of the upper right maxillary sinus.



This graphical output is accompanied by a structured written report. An example a page of such a report is provided below.

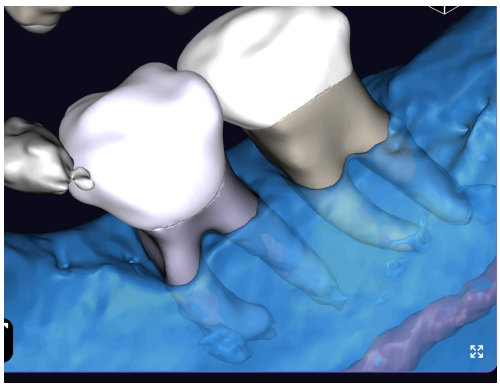
Tooth 34 Tooth, Periodontal bone loss (Mild, Horizontal)

Tooth 33 Tooth, Periodontal bone loss (Mild, Horizontal)

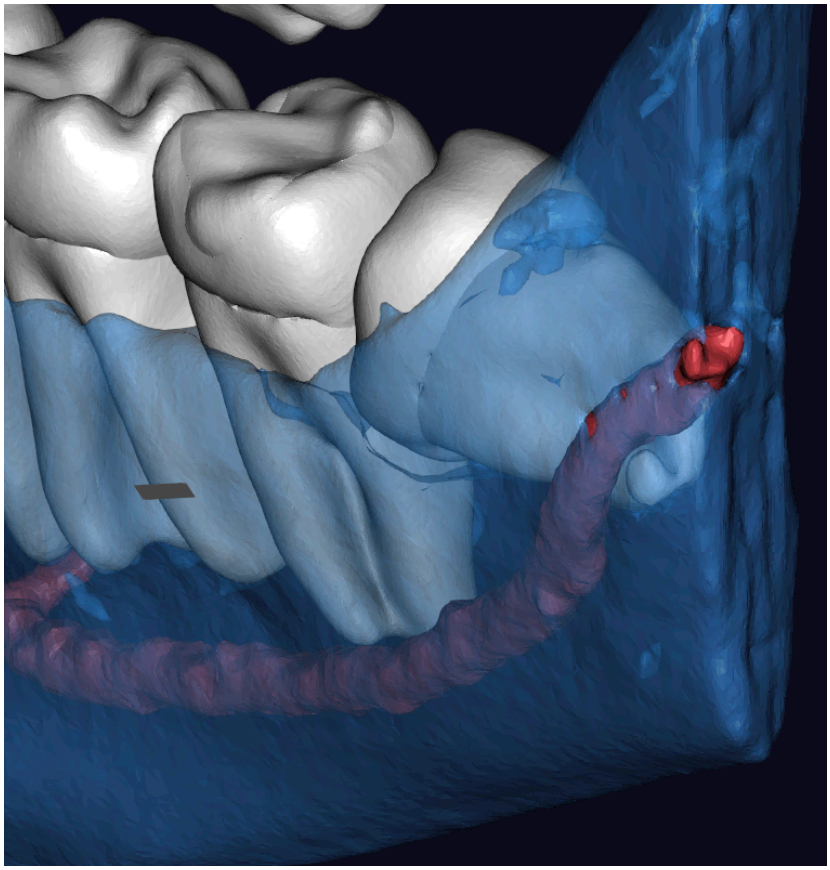
Tooth 32 Tooth, Artificial crown, Periodontal bone loss (Mild, Horizontal), Periapical radiolucency

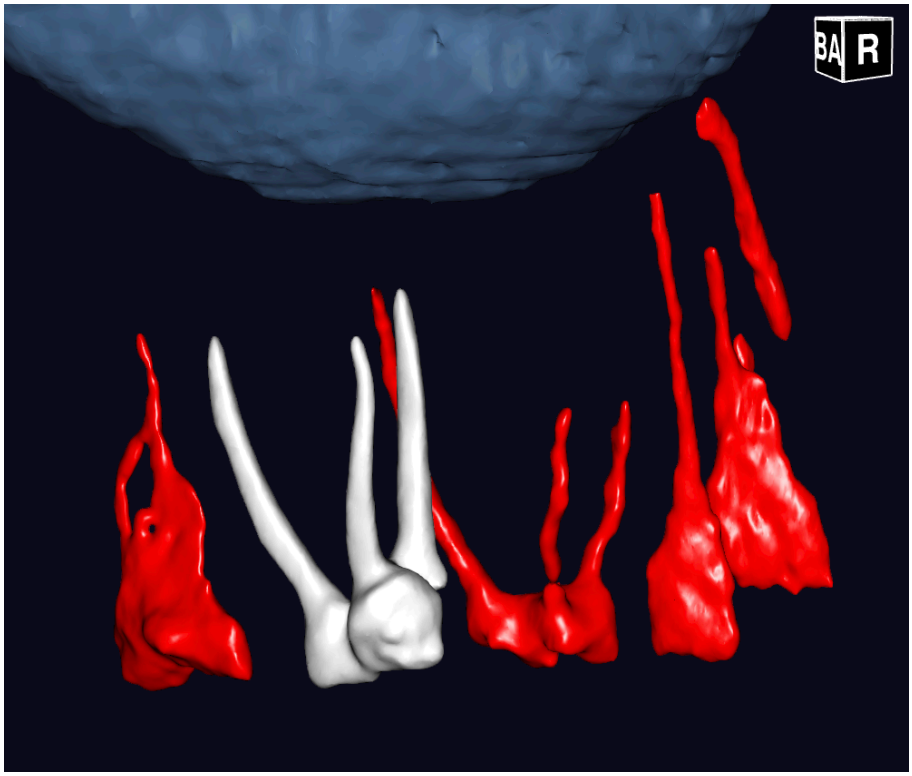
Tooth 31 Tooth, Caries signs, Periodontal bone loss (Mild, Moderate, Horizontal)

3D generated .stl models can provide useful and explanatory modelling. For example, this boney defect



Or this complicated lower third molar





Finally, our CBCT-derived 3D root canal mapping enables precise visualisation of canal anatomy, assisting in the identification of complex morphology and treatment challenges.

3 D imaging and AI are just another example of the exciting times we now live in.

LDSIC