



ORDER FORM FOR DXPS®

INTRA-ORAL, PANORAMIC AND CEPHALOMETRIC TEST PACKS

**Order details**

Company name:

Delivery address:  
(if not account address)

Order number (if required):

Date of request:

Date required:

**Equipment details**

Please supply details of packs required below:

Qty	Intra-oral (IO) OR Panoramic (Pan) Or Cephalometric (Ceph)*	Manufacturer	Model	Critical Examination & Acceptance Test (CEAT)** OR Routine (R)***	For a veterinary surgery? (Yes/No)

**\*Cephalometric** – choose this option if it is a combined panoramic and cephalometric X-ray set

**\*\*Critical Examination & Acceptance Test (CEAT)** – This is for newly installed, relocated or modified equipment

**\*\*\*Routine (R)** – This is for the three-yearly assessments (or annually for hand-held)

Special instructions/comments:

**Once completed, this form should be e-mailed to [DXPS.Admin@ukhsa.gov.uk](mailto:DXPS.Admin@ukhsa.gov.uk)**

**Note:** UKHSA cannot accept purchase orders; any received by us will be used for information only. Services will be supplied under the terms and conditions of UKHSA's contract.