



ORDER FORM FOR A CONE BEAM CT TEST

Orders must be submitted at least 2 weeks in advance of the proposed installation/survey date

Order details

Company name:

Date of request:

Reason for test (see Note 1): ☐ New equipment
☐ Relocation
☐ Modification (new tubehead or timer)
☐ Routine survey

Date of installation/modification/relocation (see Note 2):

Is an engineer to be present (*not applicable for routine survey*) (see Note 3): **YES / NO**

If YES – name of engineer to be present:

If NO – please provide engineer's name and contact telephone number:

Equipment details

Manufacturer:

Model:

Practice details

Name:

Contact:

Address:

Postcode:

Telephone number:

Email address of contact at dental practice:

Once completed, this form should be e-mailed to DXPS.Admin@ukhsa.gov.uk

Note 1: For new equipment, relocations, and modifications please include any report from the dentist's RPA which relates to the siting/shielding for this equipment.

Note 2: We will not accept orders unless you have provided a date for the installation/relocation/modification which you have agreed with the dental practice. We will then arrange a mutually convenient date with you or the dental, for the tests to be carried out, following this date.

Note 3: If an engineer is not going to be present for the test the following conditions must be met:

- the engineer must be contactable by telephone, please provide details above
- the engineer must have remote access to the software at the practice
- the company will still be charged for the test if it cannot be completed due to problems outside UKHSA's control.
- UKHSA reserves the right to request an engineer be present when considered necessary (eg. when testing a new model of X-ray equipment).

Note 4: 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.