



ORDER FORM FOR A CEPHALOMETRIC 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):

Equipment details

Manufacturer:

Model:

Image receptor: ☐ Film
☐ CCD sensor
☐ Phosphor plate

Practice details

Name:

Contact:

Address:

Postcode:

Telephone number:

Once completed, this form should be e-mailed to DXPS.Admin@phe.gov.uk or faxed to 0113 212 7499

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 the practice, for the tests to be carried out.

Note 3: The company will still be charged for the test if it cannot be completed due to problems outside PHE's control.

Note 4: PHE cannot accept purchase orders; any received by us will be used for information only. Services will be supplied under the terms and conditions of PHE's contract.