



Radiology Report Template for CBCT imaging

Patient name	
Patient DoB	
Scan size / field of view	
Date of scan	
Where scan was performed / type of machine	
Indications	
Referrer	

Area included in scan field	
Quality assessment	<i>Is the scan suitable for the intended purpose? Are there any significant artifacts?</i>

Dentition	<i>General assessment of the dentition Comment on dental anomalies or pathology</i>
Supporting structures	<i>To include alveolar process, supporting alveolar bone, condition of edentulous areas</i>
Adjacent structures in the field of view	<i>Comment on any notable features partly included in the field of view such as base of sinuses, nasal base mandibular ramus, soft tissues</i>
Specific abnormality / specific indication for CBCT scan	
Diagnosis (or differential diagnosis)	
Incidental findings	
Recommendations	<i>Recommend further tests or imaging if needed</i>

Name of Reporter & qualifications/position	
Date of report	