

****C-T Scan / X-Ray Interpretation Only Form****

Patient Name: Birthday:

Referral Doctor Name & Address:

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Referral Doctor's Phone + Fax Number:

Image sent by :

Hightail? Disk by Courier? USB?

www.hightail.com/u/cbct - for all CBCT scan, please provide **Multiply Dicom Format.**

NOTE:

1. CD or USB: please make sure your office had your own copy as we will not return the received copy as for our record
2. Hightail Upload – Make sure you include patient's full name and date of x-ray taken as well as referral doctor's name and call back phone number

Type of reply :

Written Report Quote before proceed? (We are NO longer provide verbal reply)

Question or concern about the imaging(s):

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Referring Doctor's Signature.....

Note: Completed scan is non-refundable. Please call if you have any question/concern before referring.

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