

Diagnostic Imaging Referral Form

Patient Information

Name: Date of Birth:

Home No..... Cellular:

Email: Surgery Date:

Referral Doctor's Name & Address:

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IMPORTANT : (Please at least check one) Conventional Stent: Yes No

Date of Sending the Stent: **OR** with Patient? Yes

3D- Cone Beam Volumetric Imaging

This service includes one CBVI session, image file complete with viewer and a printed set of reformatted images. (Turnaround time is about a week after the date of scan. Please call our office to make special arrangements for RUSH scans).

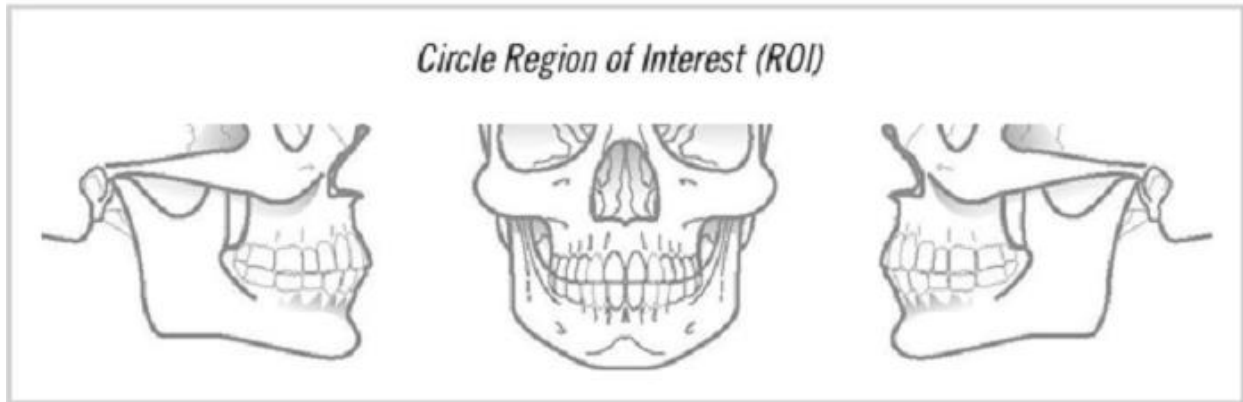
Implants

Dental Impaction

TMJ Exam

Oral Pathology

Endodontics



Special Instruction:

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Referring Doctor's Signature.....

BROKEN APPOINTMENT FEE \$100 (for less than 48 hrs notice)

Advanced BC Dental Diagnostic Inc.
PROVIDING LEADING EDGE 3D DENTAL IMAGING
www.dentalctscan.ca
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