SCANONDEMAND

phone (702) 307-8831
fax (702) 977-5492

Today's Date: _____

Images needed by: _____

Introducing: (last)_____ (first)_____ Male / Female

DOB:_____ Age:_____ Phone: (H)_____ (W or cell) _____

Referred by Dr: (last)_____ (first)_____

Phone:_____ Fax: _____ E-mail: _____

❑ Patient will call for an appointment ❑ Appointment has been made

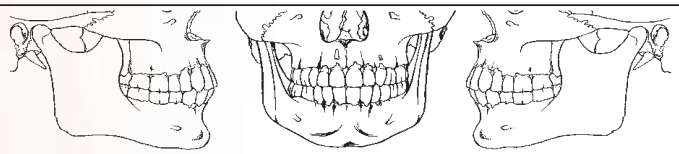
Date:_____ Time:_____

Location: City:_____ State:_____ Zip:_____

❑ At mobile site:_____

NEVADA LAW REQUIRES THAT THIS REFERRAL SLIP BE PRESENTED AT THE TIME OF APPOINTMENT.

Please mark areas of interest:



				A	B	C	D	E	F	G	H	I	J			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
			T	S	R	Q	P	O	N	M	L	K				

Reason(s) for Cone Beam CT Referral (Check ALL that apply):

Pre-surgical planning:
- ❑ Implant planning
- ❑ Sinus assessment
- ❑ Inferior alveolar nerve tracing/assessment
- ❑ Mental nerve tracing/assessment
- ❑ Third molar assessment
- ❑ Impacted tooth assessment
- ❑ Anatomy or tooth morphology assessment
- ❑ Periodontal surgery
- ❑ Endodontic surgery

Other:
- ❑ Oral pathology assessment
- ❑ Airway/sinus assessment
- ❑ Sleep apnea study
- ❑ TMJ assessment
  - ❑ Open ❑ Closed ❑ Both
  - ❑ with bite registration ❑ with splint

Guided implant surgery system used:
- ❑ NobelGuide ❑ Simplant ❑ Implant Logic
- ❑ iDent ❑ Keystone ❑ Other:_____

Post-Scanning Instructions (Check ALL that apply):

- ❑ Send DICOM file
- ❑ Send Report
- ❑ Mail DICOM file and/or Report (on a CD)
- ❑ Send DICOM file and/or Report (via e-mail/ftp)
- ❑ Please send printed Report
- ❑ Request analysis & interpretation by Oral Radiologist*
- ❑ Orthodontic survey requested
  - ❑ use new preferences
  - ❑ use preferences on file
- ❑ Please send additional referral slips

*** Mobile CT Imaging is not licensed to diagnose or interpret the images produced from any scan. We strongly encourage doctors to request an analysis and interpretation by an Oral Radiologist.**

Signature of referring doctor (required): _____

Special Instructions: _____

_____

_____

WHITE COPY – for patient to bring to appointment *YELLOW COPY – for referring doctor's record*