CBCT Referral Form

Referring Clinician

Name _____

Phone _____

Email _____

Name _____

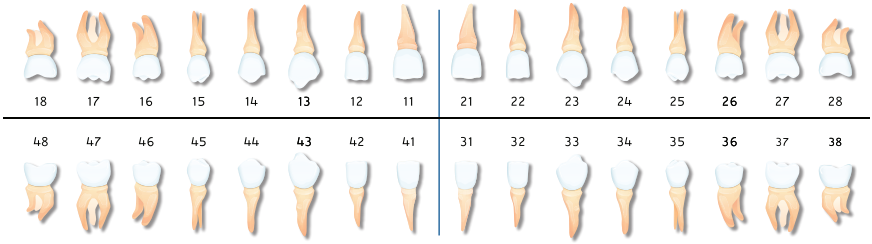
Phone _____

Email _____

Date of Birth (MM/DD/YY) _____

(Please Circle Region of Interest)

Right Left



Patient Pricing

1/2 Quad - $229
1 Quad - $270
2 Quad - $309
3 Quad - $349
4 Quad - $389

Report Urgency

None
Stat (+$150 fee)
1-2 days (+$100 rush fee)
3-6 days (+$75 rush fee)
7-12 days (+$50 fee)
12-17 days (+$25 fee)

Relevant Clinical Details, History & Referral Details (Required)

_____

_____

_____

Indications of Scan (Please Check One):

Implant ____
Wisdom Teeth ____
Salivary Gland ____
Disease/Syndrome/Tumour/TMJ _____
Facial/Muscle Pain/Paralysis/
Abnormal Sensation ____

Painful/Cracked/Troublesome Teeth ____
Endodontic____
Pathology____
Orthognathic Surgery____
Impacted/Supernumerary____
Other ____

TAUNTON VILLAGE DENTAL
PERSONALIZED & COMFORTABLE

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