

CBCT / Radiography Referral Form

Practitioner Name

Patient Name

Practice Name & Address

Patient Contact Number

Practice Contact Number

Patient DOB

Practice Contact Email

Male
Female

Patient Contact Email

TYPE OF IMAGE

OPG

Ceph

CBCT

CBCT AREAS OF INTEREST

If no teeth are selected the whole jaw will be scanned

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R	-----																L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MANDIBLE

MAXILLA

BOTH JAWS

CLINICAL INDICATIONS (specify resolution - low dose for ortho, standard for implantology or high for single tooth / endo)

Is patient coming with a radiographic template? YES NO

Is the patient possibly pregnant? YES NO

Justification for exposure

- | | | |
|-------------------------------------|---|------------------------------------|
| Implants <input type="checkbox"/> | Impacted teeth <input type="checkbox"/> | 2D Output <input type="checkbox"/> |
| Bone graft <input type="checkbox"/> | Sinus exam <input type="checkbox"/> | Email <input type="checkbox"/> |
| Ortho <input type="checkbox"/> | TMJ <input type="checkbox"/> | Dropbox <input type="checkbox"/> |
| Endo <input type="checkbox"/> | Oral pathology <input type="checkbox"/> | |

SIGNATURE: _____

