

## DIAGNOSTIC IMAGING REFERRAL FORM

Patient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Appt. Date: \_\_\_\_\_

Referring Dr: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Bill Patient

Bill Doctor

### 3-D Cone Beam Volumetric Imaging

This service includes one CBVI imaging session, image file complete with viewer and a printed set of reformatted images. (Turnaround time is 3 business days after the date of scan. Please call our office to make special arrangements for RUSH scans).

Implants

Dental Impaction

Airway Assessment

Sinus Exam

TMJ Exam

Oral Pathology

Endodontics

Other

*Please circle Region of Interest (ROI)*



### Other Services

Orthodontic Anatomodel: indexed facial photo, virtual models, includes software viewer, volume views of skull and dentition, lateral cephalogram with digital tracing.

NobelGuide™ Conversion

Simplant™ Conversion

Radiology Report

Additional Printed Reports (specify number \_\_\_\_\_)

Special Instructions: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Date: \_\_\_\_\_ Dr's Signature: \_\_\_\_\_

### Orbit Imaging Centers

Seattle

Suite 1435, 509 Olive Way  
 Seattle, WA 98101  
 tel: (206) 223-0255  
 fax: (206) 223-9160

*\*see over for map*

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