



3D CONE BEAM CT SCAN

Referral Form

PHONE: (310) 848-1404

FAX: (310) 848-1403

www.sbicenter.com

Referring Office: (ALL information must be completed to avoid referred patient wait time.)

Name of Office: _____

Doctor Name: _____

Clinic Name & Address: _____

Signature of Doctor: _____

Date: _____

Primary Contact #: _____

Patient Information: (MUST bring valid form of identification, referral form and the payment is due at the time services are rendered.)

Patient Name: _____

Date of Birth: _____

Date of Referral: _____

Next Visit with Referring Office: _____

Imaging Request:

Maxilla & Mandible

Orthodontic Survey (Photos, Tracing, Ceph Images, Panograph)

Maxilla

Limited Orthodontic Survey (Without Photos)

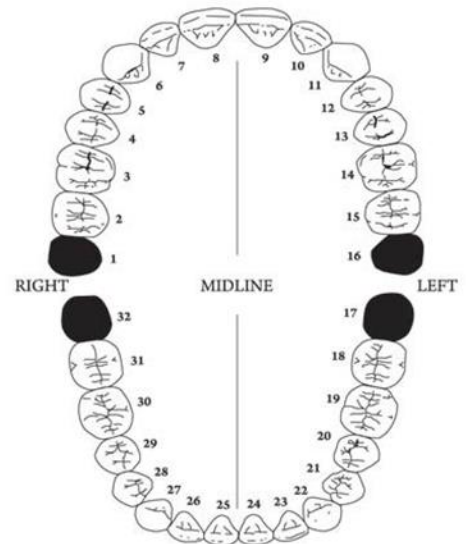
Mandible

Final/Progress Orthodontic Records (Photos, Panograph)

Panograph

Invisalign Records (Photos, Panograph)

Scan with Surgical Guide
(Please provide specifics)



(Most Images are taken with the following settings: mAs: 20.27 KVP: 120 Aq. Time: 14.7 Seconds; Quantum IQ filter used unless being sent for radiology report. Please specify if any changes are needed)

Special Instructions: _____

11968 Aviation Blvd.

Inglewood, CA 90304

Report Request:

Additional Services:

◇ Basic Radiology Report

◇ Online Email (Must provide email every time)

◇ Analytical Report (Specific Area)

Email: _____

◇ CT Scan Slice Study (Area MUST be indicated on upper right image)

◇ Additional CD (Charges Apply)

◇ US Postal Services (Please spec-

Patient has given consent for SBI Center to acquire all images requested above by referring doctor.

Patient Signature: _____ **Date:** _____



A radiology report is considered mandatory for all images taken unless dictated by the referring doctor and/or referred patient. A radiology report consists of a licensed radiologist interpreting the images taken for any abnormalities and/or pathology. Patient understands that by declining the radiology report they are liable for any findings in the images and relieves SBI Center from any future liabilities. If client declines:

Please Initial: _____ **Date:** _____