

**3D Oral & Maxillofacial Imaging Center, LLC**

11125 Rockville Pike #211, North Bethesda, MD 20852 Phone: 240-221-0797 Fax: 240-560-5358 info@3domi.net

**Referral for Cone Beam CT Imaging**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Referring office address: \_\_\_\_\_

Referring office phone # & Email: \_\_\_\_\_

Relevant History: \_\_\_\_\_

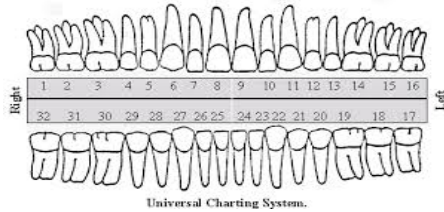
Please circle the anatomy to be scanned or the area to be scanned:

**3D: Focused(5x5cm) Maxilla(10x5cm) Mandible(10x5cm) Max & Mand(8x8cm) Max & Mand(10x10cm)**

**Full Head 17x11cm or 17x13.5cm Maxillary Sinuses R or L TMJ(8x8cm) or Both TMJ(17x6cm)**

**2D: Panoramic, Maxillary Sinus, TMJ (open, at rest, closed, w/ appliance)**

**for 3D small field of view 5x5cm up to 3 adjacent teeth, specify the location below & teeth #:** \_\_\_\_\_



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

**Diagnostic Objectives. Please circle:**

**Implant (w/ radiographic stent? yes no) Endodontic Impacted tooth Orthodontic TMJ Airway**

**ICD-9/Diagnosis** \_\_\_\_\_

**Others** \_\_\_\_\_

**CD includes Viewing Software & Dicom files of scan:**  Mail to Doctor  Patient  Email(Dropbox or GoogleDrive)

**Please check any applicable:**  Radiologist Review  Rush  USB Drive is preferred

Scan to be shared with: \_\_\_\_\_

**Invoice:**  Doctor  Patient

\*We, 3D Oral & Maxillofacial Imaging Center, LLC, are not involved in the diagnosis or the treatment plan/procedure & do not provide the interpretation of the CBCT images. If the Radiologist Review is not requested, it is agreed that the Referring Doctor comprehensively reviews the Cone Beam CT scanned images and determines if a review by a board certified oral & maxillofacial radiologist is necessary. The report with findings, the key images with nerve tracing and measurements, if provided, will require the review & follow-up care of the patient by the Referring Doctor.

**Referring Doctor Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of Referring Doctor** \_\_\_\_\_

**License #** \_\_\_\_\_

**Date** \_\_\_\_\_