

## Cone Beam CT Referral Form

Date

Appointments are made through Dental Faculty Associates (DFA) (734-764-3155). Patient should report to DFA (Room 1340, first floor, School of Dentistry) 30 minutes before appointment to register. Registration material will be sent to patient in advance if there is enough time before appointment.

### Ordered By

Doctor Name:	
Practice Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Phone:	
Fax:	
Email:	

### Patient Information

Patient Name:	
Phone:	
DOB:	
Gender:	
Ethnicity:	
Dental History & Medical Alerts:	

### Region to be Scanned

- Maxilla       Mandible       Both jaws  
 UR             UAnt             UL  
 LR             LAnt             LL  
 TMJ:     Closed mouth     Open mouth  
 Full head (please explain)

### Reason(s) for the Scan

- Implant(s)                       Sinus(es)  
 Impaction                       Trauma  
 TMJ                               Surgery  
 Other (please explain)       Pathology

### ROI / Implant site (s)

### Scan Options

- With imaging stent / splint       Separate jaws  
 Specific request (please explain)       Separate lip / cheek

### Image Data Output

- Report by email                       DICOM files  
 Specific request (please explain)       Scan + viewer

### Comments

**For internal use only**

Health Hx. reviewed by:

Referral Form reviewed by:

Scanning protocol:


Patient UM Reg #

Date:

Time:
