

DENTAL / AIRWAY CT SCAN REFERRAL FORM

Date: _____ Patient Name: _____ D.O.B.: _____

Patient Phone: _____ Please Call Patient Patient will call for appointment

Ref. Doctor Name: _____ Practice Name: _____

Doctor Address: _____

Doctor Phone: _____ Email Address: _____

CASE TYPE (select one)

- IMPLANT PATHOLOGY
 IMPACTION SINUS/AIRWAYS
 TMJ STUDY ORTHO
 PATHOLOGY
 OTHER _____

CT Scan Delivery

- RETURN TO OFFICE W/ CD
 SEND W/ PATIENT

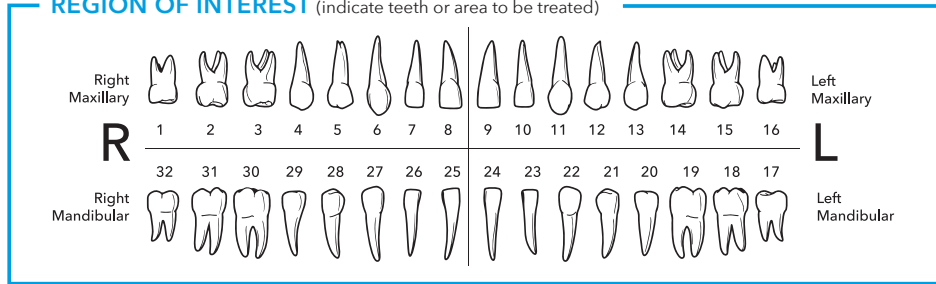
Radiology Report Full View

- PAPER
 EMAIL _____

Read Limited View

- PAPER
 EMAIL _____

REGION OF INTEREST (indicate teeth or area to be treated)



Special Instructions: _____

Smoler Smiles is proud to have the latest 3D Imaging technology



Smoler Smiles uses Cone Beam CT scan technology in situations where regular dental or facial x-rays are not sufficient. This type of scan is used to generate 3D images of dental structures, soft tissues, nerve paths, and bone. The scan allows for more precise treatment planning.

Cone Beam CT Scan Imaging is also useful in these more complex areas:

- Surgical planning for dental implants
- Accurate and safe placement of dental implants
- Evaluation of the jaw, sinuses, and nasal cavity
- Determine patient's bone structure and tooth orientation
- Cosmetic reconstructive surgery

**FREE
CT Scan**
when surgery
starts at Smoler
Smiles. Up to a
\$395 Value

For Dentists Only:

■ Are you aware of the Smoler Smiles Hands on Mentorship Program?

Program specifically designed to help you grow your practice, to gain knowledge with better case acceptance and if desired, to offer your patients more involved dental implant treatment options.

Learn More at: www.SmolerCEServices.com

