

# 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: \_\_\_\_\_

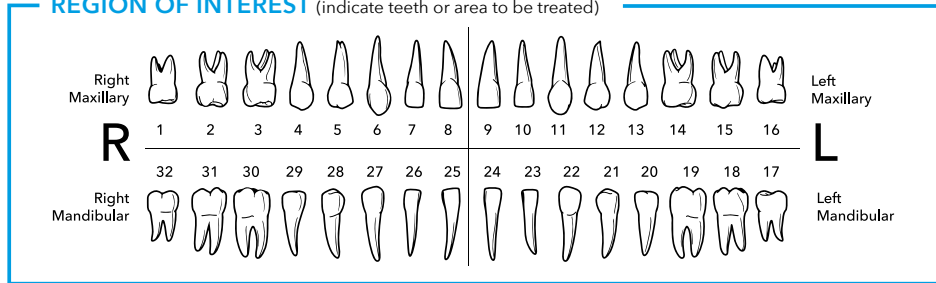
Doctor Address: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## CASE TYPE (select one)

- IMPLANT       PATHOLOGY  
 IMPACTION       SINUS/AIRWAYS  
 TMJ STUDY       ORTHO  
 PATHOLOGY       ZYGOMATIC  
 OTHER \_\_\_\_\_

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



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

## CT Scan Delivery

- RETURN TO OFFICE W/ CD  
 SEND W/ PATIENT

## Radiology Report Full View

- PAPER  
 EMAIL \_\_\_\_\_

## Read Limited View

- PAPER  
 EMAIL \_\_\_\_\_

## 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



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