



Orange County Specialty Dental Group

3D Cone Beam CT Scan and Panoramic Referral Form

J Morita USA, i-Dixel 2.0 Software

Patient Name: _____ Date: _____

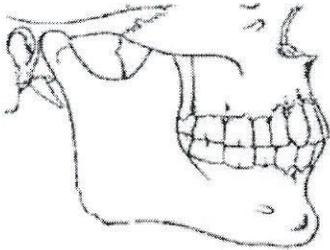
Telephone #: _____ Appointment Date & Time: _____

Referring Doctor: _____

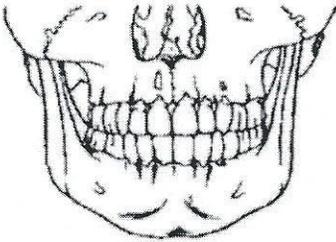
Please check purpose for Imaging:

- Dental Impaction
- Pathology
- Endodontics
- TMJ Exam R/L
- Dental Implants
- Other _____

Circle the area of interest:

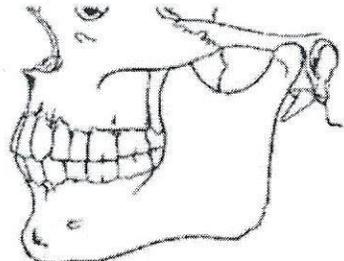


R



R

L



L

Implants: _____ Area of Interest: Mandible: _____ Maxilla _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Orange County Specialty Dental Group will include a CD Rom containing digital images of the CBCT along with i-Dixel 2.0 Software for the areas of interest. These files are sent to the referring Doctor via U.S. Mail.

Orange County Specialty Dental Group does not provide interpretation of these scans. Your Dentist will interpret the information for you.

Doctor's Signature: _____ Date: _____

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 11180 Warner Ave #351 • Fountain Valley, CA 92708 • Tel: 714-546-1003, Fax: 714-546-1031