



Referral / Fax Form

2315 W. Arbors Drive, Ste 100
 Charlotte, NC 28262
 Ph: (704) 549-4991
 Fax: (704) 549-0135

Appointment Information

Today's Date			
Referral's Name			
Patient's Name			
Telephone	H:	W:	M:
Email			

ConeBeam Volume Scan

Implant Maxilla: Specify Site(s)		
Implant Mandible: Specify Site(s)		
Implant Stent Provided	Yes	No
Sinus: Specify Sinus		
Orthodontic Assessment		
Pathological Investigation: Specify concern		
Impacted Tooth: Tooth #(s)		
Other: Specify area		
Relevant notes related to this patient:		
If no pathology is suspected, do you want a OMF Radiologist to review the scan?	Yes	No

