



**PUNTILLO**  
ORTHODONTICS • PC

Orthodontics & Dentofacial Orthopedics for Children & Adults

[www.puntilloortho.com](http://www.puntilloortho.com)

## REFERRAL FORM FOR I-CAT CONE BEAM SCAN

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Is Patient pregnant?  Yes  No

Referred by: \_\_\_\_\_

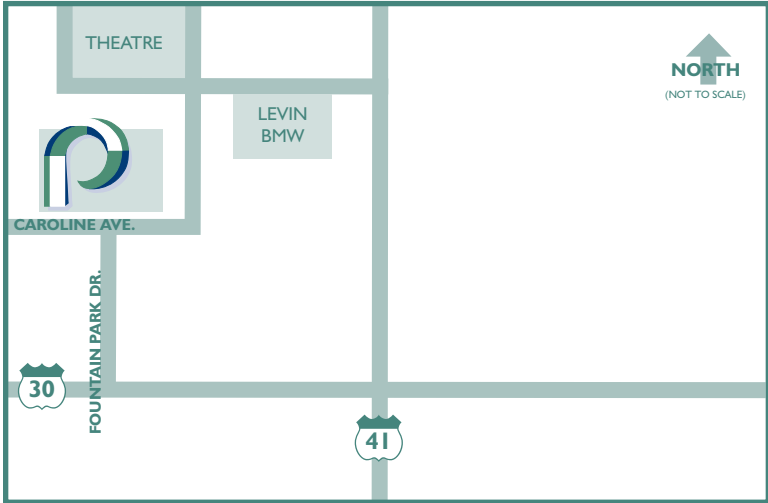
Referrer's Email Address: \_\_\_\_\_

Reason for Referral:  Oral Pathology  
 Oral Surgery/Dental Impactions  
 TMJ  
 Implant Treatment Planning - teeth numbers \_\_\_\_\_  
 Simplant Format  Nobel Guide Scan  
 Airway Assessment  
 Sinus Exam  
 Other \_\_\_\_\_

CT Scan Range:  Maxilla  Mandible  Full Head & Neck

Indicate site of Interest: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



## **SCHERERVILLE**

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