

# Kincardine Dentistry CT Referral Form

DOB MM/DD/YR
-----------------

Client Name

--

Client Phone Number

--

Client Address

DATE MM/DD/YR
------------------

Referring Dentist Name

--

Referring Dentist Phone Number

--

Referring Dentist Address (including email)

Cost of scan: \$250.00 per view

(Includes: CT scan of area + guide, guide only and radiographic report.  
Implant measurements additional \$35.00)

- Radiographic guide sent with patient
- Make measurements as well
- Expedite CBCT 1-2 Days \$115 3-6 Days \$75  
7-12 Days \$50 12-17 Days \$25

Choose area of Dentoalveolar CT scan of 8cm or less:

8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8

PLEASE CHOOSE OPTION

- Mail me a CD with the DICOM files formatted for Nobelguide software on it. Additional \$25.00
- Email me the download links to the formatted DICOM data. (This is a much faster option. The DICOM files are usually delivered in 24 hours or less).

A radiographic report by an oral radiologist is included with all scans.  
No manual measurements are automatically provided unless they are requested on the form

Client Diagnosis (please send most recent x-rays of area of concern):

Choose one of the following patient contact options:

- Call with client information
- Fax to Kincardine Dentistry

Call us with the client's information and set up an appointment when they are present in your office.  
519-395-5100

Fax this form to us and we will contact the client to set up an appointment. Please provide us with the patient's next appointment (if applicable).  
519-395-5109

## Kincardine Dentistry

6 Millennium Way  
Kincardine, ON  
N2Z 0B5  
519-395-5100 (P)  
519-395-5109 (F)

[drwalden@kincardinedentistry.com](mailto:drwalden@kincardinedentistry.com)

Fees are due at the end of the appointment. We accept cash, cheque, debit card, Visa and Mastercard. Data and reports will not be released prior to full payment.

