



PLEASE BRING THIS REFERRAL FORM WITH YOU ON THE DAY OF YOUR APPOINTMENT.

5920 DEL AMO BLVD LAKEWOOD, CA 90713 Phone: 562.496.2000 Fax: 562.497.2064 www.drbrodskysmile.com/imaging.html

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Appointment Date \_\_\_\_\_ Appointment Time \_\_\_\_\_

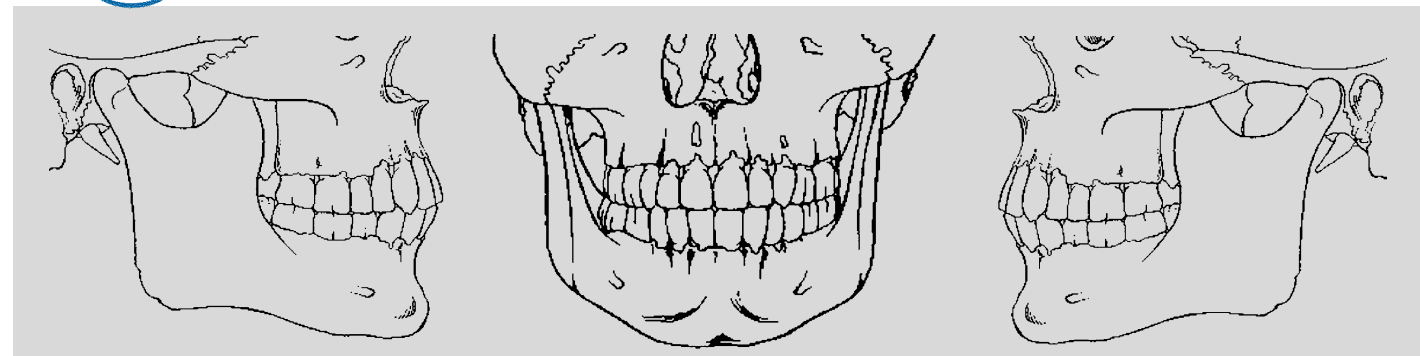
Maxillofacial CT Image

Maxillary Arch Mandibular Arch Both

Patient is being referred for CT Imaging to aid in the diagnosis of:

Implant(s) Sinus Exam Reconstruction Oral Pathology
Implant site # TMJ Exam Dental Impaction Endodontics
Other

Please Circle the Region Of Interest (ROI)



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

Is your patient coming with a radiographic template? Yes No

All images will be returned to the referring doctor on CD with the iCAT Vision software.

Glossy Prints needed Yes No Slice Increments: 1 1.5 2 3 millimeters (circle one)

Brodsky Imaging is not responsible for image interpretation, readings or findings. The diagnosis and treatment planning is the responsibility of the referring doctor.

By signing below, I request Brodsky Imaging to acquire the images and have obtained authorization from the patient for these procedures.

Dr. (Print Name) \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. WE DO NOT ACCEPT ASSIGNMENT OF DENTAL INSURANCE. FORMS WILL BE PROVIDED FOR POSSIBLE REIMBURSEMENT FROM YOUR INSURANCE CARRIER. CONTACT YOUR CARRIER FOR COVERAGE INFORMATION.

Brodsky Imaging is located in the same building as Brodsky Orthodontics.



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PATIENT INFORMATION

APPOINTMENTS

Please give a 24 hour notice if you need to cancel your appointment.

If you are late 15 minutes or more, it may be necessary to reschedule your appointment.

All images are delivered to the referring doctor unless prior arrangements have been made.

INSURANCE

Fees for images are payable at the time of your appointment. You will be provided with the necessary information for possible reimbursement from your insurance carrier. Contact your carrier for coverage information.

PREGNANCY

If you are pregnant, or think you may be pregnant, contact your physician before scheduling your appointment.