Kerrville
Oral & Maxillofacial Surgery
Implants, Extractions, Facial Reconstruction

CBCT Order Form

Today's Date: _____ Referring Doctor: _____

Appointment Date: _____

Patient Name: _____ Date of Birth: _____

Telephone Number: _____

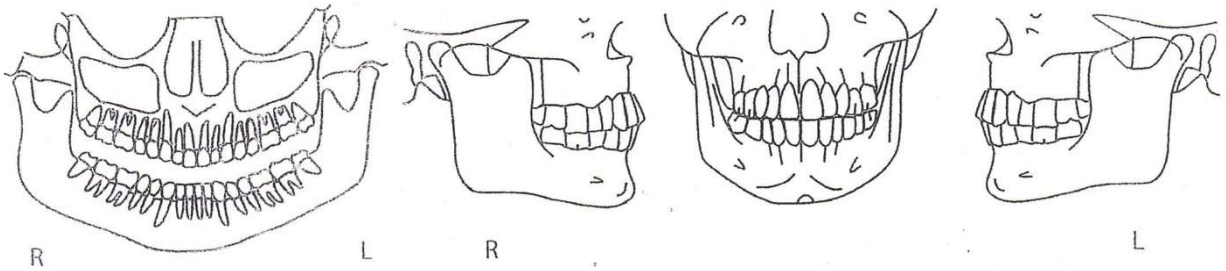
Please check purpose for imaging:

- o Dental Impaction
- o TMJ
- o Pathology
- o Implants #_____
- o Trauma
- o Sinus
- o Other _____

Please check type of imaging:

- o Full CBCT $275
- o Focal CBCT $125
- o Panograph $125

Area of interest:



RIGHT			A	B	C	D	E	F	G	H	I	J			LEFT
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
			T	S	R	Q	P	O	N	M	L	K			

Explaination:_____

_____

_____

Doctor's signature: _____

Kerrville OMS, PLLC does not provide interpretation of these scans, your referring Dentist will interpret the information for you. Kerrville OMS, PLLC will send a USB drive containing digital images (.dcm files) of the CBCT with EzDent-I Imaging software to your referring Dentist.

JAMES D. LUSSIER, DDS • 204 WESLEY DRIVE • KERRVILLE, TEXAS 78028
(830) 895-3494 • FAX (830) 896-3390 • WWW.KERRVILLEOMS.COM • info@KERRVILLEOMS.COM