VER: 2/2014

CONE BEAM REFERRAL FORM

Patient Name: ____ Date of Birth: __________________

Referring Office: _________________________ Referring Doctor: ____________________________

Patient Account Number: _____________________ Date Requested: _______________________

Appointment Date: __________________________ Appointment Time: _______________

IMAGE OPTIONS

3D

- ☐ Standard
- ☐ Large View 2 Horizontal
- ☐ Large View 3 Horizontal
- ☐ Large View 2 Vertical
- ☐ Large View Pair

TMJ

- ☐ Double Lat.
- ☐ Double PA
- ☐ Double Lat-PA
- ☐ 3 Angles PA Left
- ☐ 3 Angles PA Right
- ☐ 3 Angles Lat. Left
- ☐ 3 Angles Lat. Right

Sinus

- ☐ PA Rotational
- ☐ PA Non-Rotational
- ☐ Lat. Non-Rotational Left
- ☐ Lat. Non-Rotational Right
- ☐ Midsagittal Non-Rotational Left
- ☐ Midsagittal Non-Rotational Right

Note: ____

Please select the appropriate CDT code below

Interpretation/Capture

- ☐ D0363- 3D Image
- ☐ D0364- Less Than Whole Jaw
- ☐ D0365- 1 Arch- Mand
- ☐ D0366- 1 Arch- Max
- ☐ D0367- Both Jaws
- ☐ D0368- TMJ 2+ Images
- ☐ D0369- Maxillofacial MRI
- ☐ D0370- Maxillofacial Ultrasound
- ☐ D0371- Sialoendoscopy

Capture Only

- ☐ D0380- CT Image
- ☐ D0381- Mand Arch
- ☐ D0382- Max Arch
- ☐ D0383- Both Jaws
- ☐ D0384- For TMJ
- ☐ D0385- Maxillofacial MRI
- ☐ D0386- Maxillofacial Ultrasound

Interpretation Only

- ☐ D0391- Interp of Diag Image

You may receive a bill for services rendered from our Main St. location

Blake Office	Airport Office	Main St. Office	Arlington Office	Stickney Office
1906 59th St W Ste C	7442 N Tamiami Tr	2033 Main St Ste 401	1880 Arlington St Ste 205	2477 Stickney Pt Rd Ste 109B
Bradenton, FL 34209	Sarasota, FL 34243	Sarasota, FL 34237	Sarasota, FL 34239	Sarasota, FL 34231
(941) 792-8288	(941) 351-8338	(941) 957-1261	(941) 953-4288	(941) 924-6331