CBCT Referral & Requisition

CORONATION
DENTAL SPECIALTY GROUP

Coronation Dental Specialty Group
350 Conestoga Blvd
Cambridge, Ontario
N1R 7L7

Tel: 888-623-3810
Fax: 519-623-1760
8am-4pm Monday-Friday
CoronationDentalSpecialty.ca

Send completed form by **SafeReferral**, or **fax** to 519-623-1760, or **call** 519-623-3810 for an appointment

Referring Clinician
Name .....
Phone .....
Email .....

Patient
Name .....
Phone .....
Email .....
DOB .....

Report Urgency
☐ Stat (+$150) ☐ in 2 days (+$100)
☐ in 6 days (+$75) ☐ in 12 days (+$50)
☐ in 17 days (+$25) ☐ 17+ days (free)

Delivery
☐ Email (free) ☐ Mail (+$15)

RELEVANT XRAYS (PA, BW, PAN) MUST BE INCLUDED FOR ALL PATIENTS, AS PER RCDSO.

All metal in the head/neck needs to be removed for the scan.

Scans will be billed with dental codes 99111 ($120-150), and one of 07011, 07012, or 07013 ($110-210). Scans are not covered by medical insurance.

Implant Planning
Implant planning required in (+$35 each):
☐ 12-22 ☐ 32-42 ☐ 11-17 ☐ 21-27 ☐ 31-37 ☐ 41-47
(Evaluate potential implant position, relevant anatomy, bone height/width etc)

Relevant Clinical Details & History (REQUIRED)
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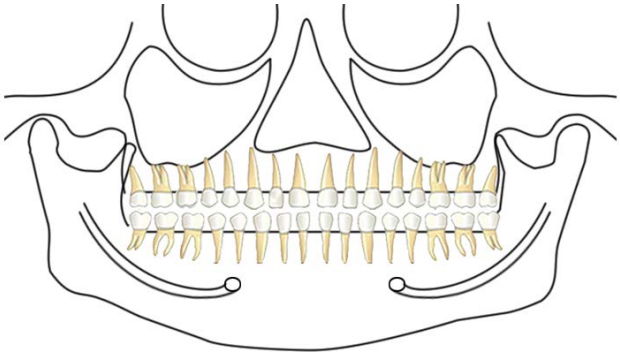
Indications for Scan

☐ Implants
☐ Wisdom Teeth
☐ Salivary Gland
☐ Disease/Syndrome/Tumour/TMJ
☐ Facial/Muscle Pain/Paralysis/Abnormal Sensation
☐ Painful/Cracked/Troublesome Teeth (Endodontic)
☐ Impacted/Delayed/Extra/Malpositioned Teeth
☐ Other .....

Circle or Illustrate the Area to be Scanned



☐ Comparison Required - please provide Canaray ID for comparison (+$50) .....

CORONATION OFFICE USE ONLY

Field of View
5x5
6x8
8x8
8x15
13x15

Resolution
Low
Standard
High
Endo

Patient DW ID _____

CDSG CBCT Doctor _____(print)

CDSG CBCT Doctor _____(sign)

Date _____

RV/Consult Required? _____