Ridge Square Dental Imaging, 167 Jolliffe Ave.,
Units 6 & 7, Rockwood, Ontario, N0B 2K0
Tel. (519) 856-9191 - Fax (519) 856-2418
Web: ridgesquaredentalimaging.ca
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Dental CBCT Scan Referral Form

RELEVANT XRAYS MUST BE INCLUDED FOR ALL PATIENTS, AS PER RCDSO.
All metal in the head/neck needs to be removed for the scan. scans are not covered under medical insurance.

Referring Dentist	Patient Information
Doctor Name: ..... Practice Name: ..... Email: ..... Phone:	Patient Name: ..... Gender: ..... Date of Birth MM/DD/YYYY: ..... Address line 1: ..... Address line 2: ..... City: ..... Province: ..... Postal code: ..... Cellphone: ..... Email: .....
RELEVANT XRAYS (PA, BW, PAN) MUST BE **INCLUDED** **FOR ALLPATIENTS, AS PER RCDSO.** All metal in the head/neck needs to be removed for the scan. Fees ranges between $225 to $499 To be paid in full at time of service.	Dental History & Medical Alerts:

Indication/s for scan			
Implants	☐ Implant planning	☐ Stent Provided	☐ Measurements
Teeth	☐ Impacted ☐ Delayed	☐ Relation to ☐ IAN Extra	☐ Painful/cracked troublesome ☐ (Endo) Malpositioned
	☐ Sinuses	☐ TMJ's	☐ Pathology
	☐ Other, please explain:		

Requested Format of the scan	
☐ DICOM + Viewer	☐ DICOM only (Raw images)

Field of view volume		
☐ 5X5	☐ 5X8	☐ 8X8

Please click or circle the region of interest

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Region to be scanned	
☐ UR	☐ UL
☐ UAnt	☐ LAnt
☐ LR	☐ LL
☐ Rt TMJ	☐ Lt TMJ