

CBCT Imaging Services

**University of Oklahoma College of Dentistry (Room # 280),
1201 N. Stonewall Ave., Oklahoma City, OK, 73117. For appointment call: Phone # 405-271-5692.
Fax # 405-271-5235. Email: CODRadiology@ouhsc.edu Please email OR fax the completed form:**

Referral Date: _____

Patient's name: _____ Patient's date of birth: _____

Patient's address: _____

Patient's telephone number: _____

Appointment date and time: (call 405-271-5692 to make appt.) _____

Patient's significant clinical history: _____

Reason for CBCT: _____

CBCT capture only (DICOM data will be sent via secure email) (\$ 135.00). Preference for receiving CBCT data by the referring dentist: **(please circle) : DICOM only or DICOM with Romexis Viewer**

CBCT data and report (data will be sent via secure email and / or CD) (\$ 210.00)

Region of Interest (tooth #s) _____

Please circle: full maxillary arch, partial maxillary arch, full mandibular arch, partial maxillary arch.

Will the doctor provide a radiographic guide or stent (please circle): **Yes or No**

Do we need to send CBCT DICOM data to a lab (please circle): **Yes or No** **If yes, provide email address for the lab.:**

Referring Doctor's Email address: _____

Print Doctor's name: _____

Doctor's signature: _____

Practice name & Address: _____

Phone no.: _____

Payment is required on the day of services.

Standard turnaround time for delivery of reports is 3-5 business days after the date of scan. Please call our office to make special arrangements for RUSH scans. OU College of Dentistry is located on the west side of Stonewall Avenue, between 10th Street and 13th Street on The University of Oklahoma Health Sciences Center campus. **Parking:** Patient parking is available on the 1st floor in the Dentistry/Stonewall **Parking Garage P4**, located on the **east** side of Stonewall Avenue. Please park on the 1st floor & bring parking ticket for validation. Courtesy Shuttle is also available from and to the garage. (dentistry.ouhsc.edu).