

Report / Interpretation Services

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

Referral Date: _____

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

Patient's Clinical history : _____

Type of images submitted for evaluation & report: _____

Region of Interest and reason for radiology report: _____

Referring doctor's Email address: (Office will receive the report and the invoice.)

Print Doctor's name: _____

Doctor's signature: _____ Date: _____

Practice name & address: _____

Office Phone no.: _____

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.

For Report Only: CBCT data can be sent to us on CD or can be uploaded to via secure, HIPAA-compliant website. Interpretation is also provided all types of images. Please email CODRadiology@ouhsc.edu for further information.