

Report / Interpretation Services

**University of Oklahoma College of Dentistry (Suite 280)
1201 N. Stonewall Ave., Oklahoma City, OK, 73117. Phone # 405-271-5692**

Please send the completed form to: Email: CODRadiology@ouhsc.edu or Fax: Fax # 405-271-3158

Referral Date: _____

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

Patient's Clinical history : _____

Type of images submitted for evaluation: _____

Region of Interest and reason for referral: _____

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.