

CBCT Imaging Services

University of Oklahoma College of Dentistry (Room # 280),

1201 N. Stonewall Ave., Oklahoma City, OK, 73117. **For appointment call: Phone # 405-271-5687.**

Fax # 405-271-5235. Email: CODRadiology@ouhsc.edu Please email OR fax the completed form:

Referral Date: _____ Appointment date and time: _____

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

Patient's address: _____

Patient's telephone number: _____

Patient's clinical history: _____

Region of interest & reason for CBCT:

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

Also provide CBCT report (\$ 75.00 will be added to fees listed below)

Please circle region of interest:

Both arches: \$ 165.00 Full maxillary arch \$ 152.00

Full mandibular arch \$ 158.00

One Partial arch (limited are of maxilla or mandible): 144.00

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 by the patient 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).