

DENTAL / AIRWAY CT SCAN REFERRAL FORM



A Healthy Way to Live

Date: _____ Patient Name: _____ D.O.B.: _____

Patient Phone: _____ Please Call Patient Patient will call for appointment

Ref. Doctor Name: _____ Practice Name: _____

Doctor Address: _____

Doctor Phone: _____ Email Address: _____

CASE TYPE (select one)

- IMPLANT PATHOLOGY
 IMPACTION SINUS/AIRWAYS
 TMJ STUDY ORTHO
 PATHOLOGY
 OTHER _____

CT Scan Delivery

- RETURN TO OFFICE W/ CD
 SEND W/ PATIENT

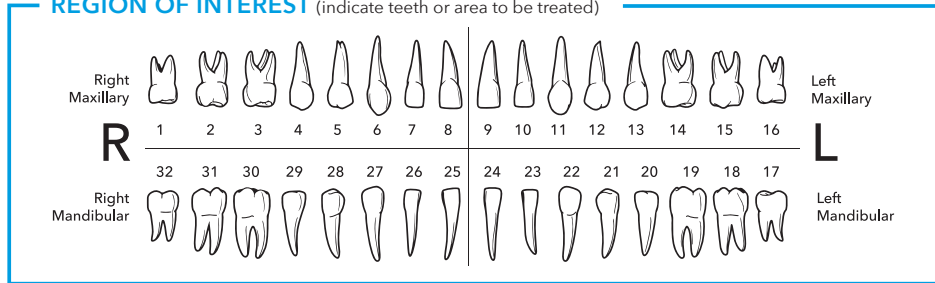
Radiology Report Full View

- PAPER
 EMAIL _____

Read Limited View

- PAPER
 EMAIL _____

REGION OF INTEREST (indicate teeth or area to be treated)



Special Instructions: _____

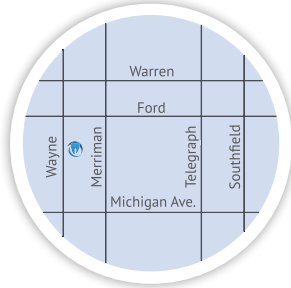
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Smoler Smiles is proud to have the latest 3D Imaging technology

iCat

Westland Office



Planmeca

Rochester Hills Office



For Dentists Only:

- Are you aware of the Smoler Smiles Hands on Mentorship Program?

Program specifically designed to help you grow your practice, to gain knowledge with better case acceptance and if desired, to offer your patients more involved dental implant treatment options.

Learn More at: www.SmolerCEServices.com

- Have you heard of the Smoler Smiles Online Forum?

A closed forum for dental professionals to share cases, success stories, ask questions, and discuss dental implant related topics.

Follow our link to join: www.facebook.com/groups/SmolerInstituteofImplantDentistry

**FREE
CT Scan**
*when surgery
starts at Smoler
Smiles. Up to a
\$395 Value*