



Combining Advanced Diagnostics With Knowledge and Experience

Referral Fax Form

3200 Blue Ridge Road Suite 218

Raleigh, North Carolina 27612

Ph - (919) 534-7000

Fax - (919) 534-7003

Appointment Information

Referring Dentist/Physician:			
Referring Office Email:			
Patient DOB:			
Patient's Name:			
Telephone:	Home:	Wk:	Mobile:

ConeBeam Volume Scan

Implant Maxilla: (Specify Site)			
Implant Mandible: (Specify Site)			
Implant Stent Provided:			
Pathology			
TMJ			
Other:			
OMF Radiologists – W. Bruce Howerton, Jr DDS, MS Diplomate of the American Board of Oral and Maxillofacial Radiology			