

Dental Clinic  
106 11 Ave SW  
CALGARY, AB T2R 0B8  
(Mustard seed building)  
Phone: 587-293-0722

## Request for 3D Cone Beam Computed Tomography

**Patient name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Please Print

**Male**     **Female** For female patients: Is pregnancy a possibility?  Yes  No

**Patient e-mail:** \_\_\_\_\_ **and/or Tel:** \_\_\_\_\_

Place for office stamp

**Requesting practitioner name :** \_\_\_\_\_

**Requesting practitioner title :** \_\_\_\_\_

**Office Tel:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Sirona Volumetric Scan CBCT

Select volume:

- 8 cm x 8 cm High Definition, upper and lower jaws ( 500 individual images)
- 8 cm x 8 cm, upper and lower jaws ( 200 individual images)
- 8 x 5cm ( please specify area): \_\_\_\_\_

Select service:

- Provide DVD with CBCT Volume ( DICOM format).
- Request volume interpretation from radiologist ( additional fee)
- Review CBCT results with patient

Reason for referral (optional):

\_\_\_\_\_  
\_\_\_\_\_

Past medical history (optional):

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_