



Referral Form for Panoramic Xray or Cone Beam CT Scan

Referral Date: _____

Patient Name _____ DOB: _____

Referring Doctor: _____

Sirona Orthophos XG Panoramic Xray (\$55) - *Best image quality is via email***

Email PAN to Doctor

Print PAN to give to patient

Sirona Orthophos 3D Cone Beam CT Scan (\$125)

***CBCT captures Maxillary & Mandibular alveolar bone only. Does not capture TMJ.*

*** Does not always capture nerve around wisdom teeth ***

***Burned CD will be given to patient. We do not provide printed hard copies.*

We are open Monday-Friday 9am-5pm. Please call our office at (949) 679-3470 to schedule an appointment. Thank you!