Endodontic Specialists, P.C.
John W. Willoughby, D.D.S., M.S. Samuel R. Epley, D.M.D.
Erik F. Zorn, D.D.S., M.S. Erik D. DeYoung, D.D.S., M.S.

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(517) 351-0800 (888) 748-4919 FAX (517) 580-3103
info@lansingrootcanal.com www.lansingrootcanal.com

CONE BEAM CT REFERRAL

DATE _____

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT.

INTRODUCING _____
(MINORS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN)

HAS AN APPOINTMENT ON _____ AT _____ FOR CAPTURE OF

CBCT OF TOOTH NUMBERS(S)/AREA(S) _____

Right Left

1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16
MOLARS	BICUSPIDS	ANTERIORS	BICUSPIDS	MOLARS
32 31 30	29 28	27 26 25 24 23 22	21 20	19 18 17

REQUESTED FIELD OF VIEW (FOV):
- ☐ 5X5 CM LIMITED FOV
- ☐ 5X8 CM SINGLE-JAW FOV
- ☐ 8X9 CM DUAL-JAW FOV

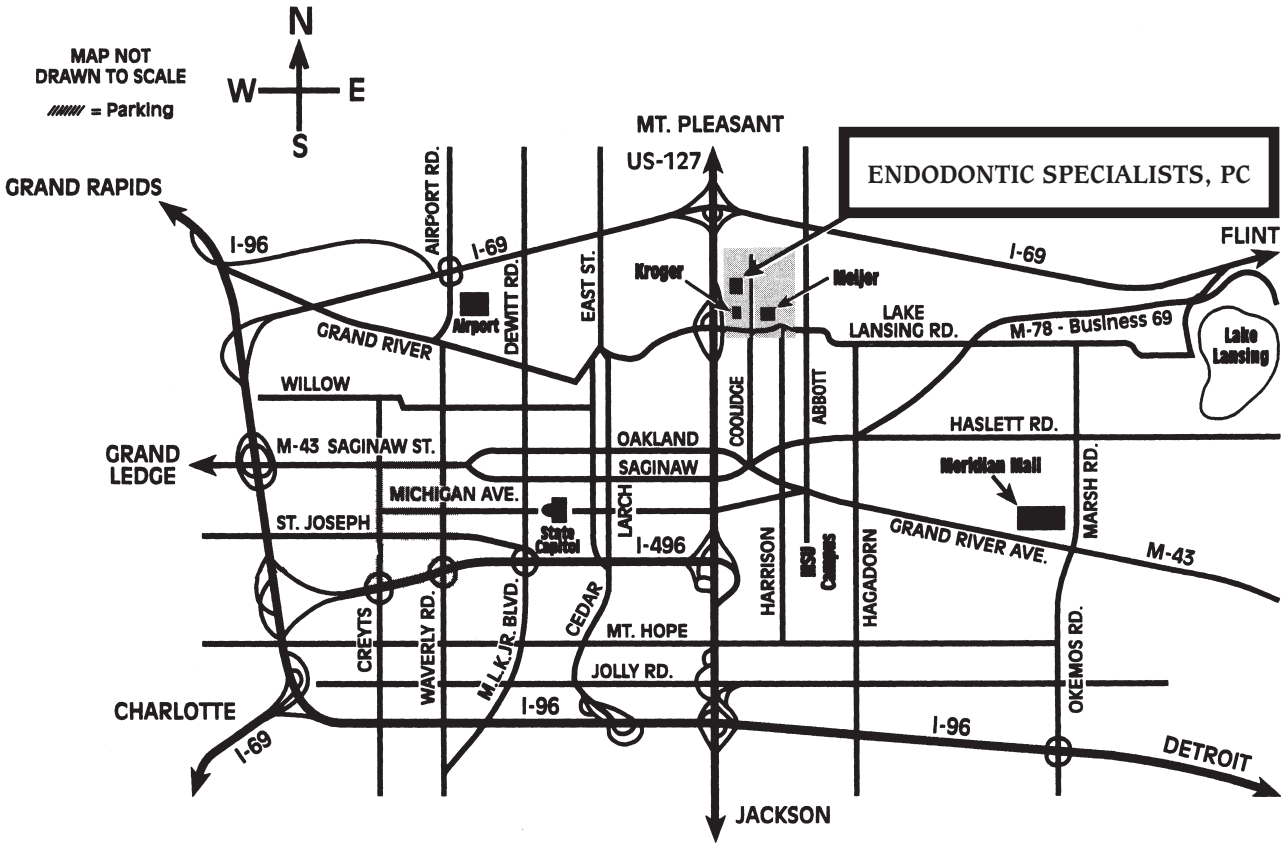
REFERRED BY _____ PHONE # _____

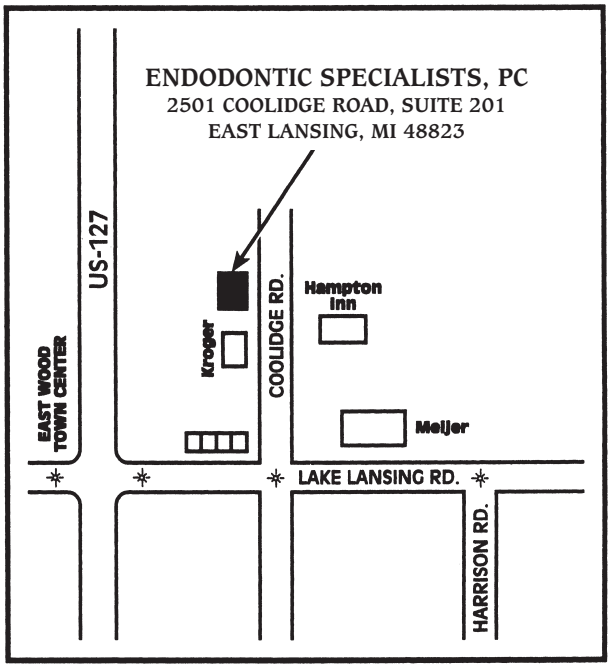
COMMENTS _____
_____
_____

PLEASE INDICATE HOW YOU WANT TO RECEIVE A COPY OF THE SCAN:
- ☐ MAIL TO YOUR OFFICE
- ☐ SEND WITH THE PATIENT

IF YOU NEED ASSISTANCE WITH INTERPRETATION OF THE CBCT, PLEASE CONTACT A RADIOLOGIST.

A MAP TO OUR OFFICE IS ON THE REVERSE SIDE OF THIS REFERRAL FORM.


MAP NOT
DRAWN TO SCALE
= Parking
N
W
E
S
ENDODONTIC SPECIALISTS, PC
MT. PLEASANT
US-127
GRAND RAPIDS
I-96
AIRPORT RD.
I-69
DEWITT RD.
EAST ST.
Kroger
Meijer
I-69
FLINT
Airport
GRAND RIVER
LAKE
LANSING RD.
M-78 - Business 69
Lake
Lansing
WILLOW
COOLIDGE
ABBOTT
HASLETT RD.
GRAND
LEDGE
M-43 SAGINAW ST.
OAKLAND
SAGINAW
Meridian Mall
MARSH RD.
MICHIGAN AVE.
ST. JOSEPH
State
Capitol
LARCH
I-496
HARRISON
MSU
Campus
HAGADORN
GRAND RIVER AVE.
M-43
CREYTS
WAVERLY RD.
M.L.K.JR. BLVD.
CEDAR
MT. HOPE
JOLLY RD.
OKEMOS RD.
CHARLOTTE
I-69
I-96
I-96
DETROIT
JACKSON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