

2023 Referral



Contact Information

Patient name	Referring doctor name
Phone Number	Referring office phone number
Patient Email	Referring office email
Patient will call for appointment	Please call patient for appointment

Imaging

CBCT Small FOV (5X5) \$275	With measurements/nerve tracings \$375	Pan \$80
CBCT Medium FOV (8X5) \$325 *Medium FOV required for guided surgery	With measurements/nerve tracings \$425	Ceph \$80
CBCT Large FOV (8X8) \$395 *Large FOV required if all 8's being extracted	With measurements/nerve tracings \$495	Digital Impression \$75

Purpose of Scan

Pre-surgical implant	Sinus (R/L)	Pathology
Guided surgery	Third molar relationship / implication	

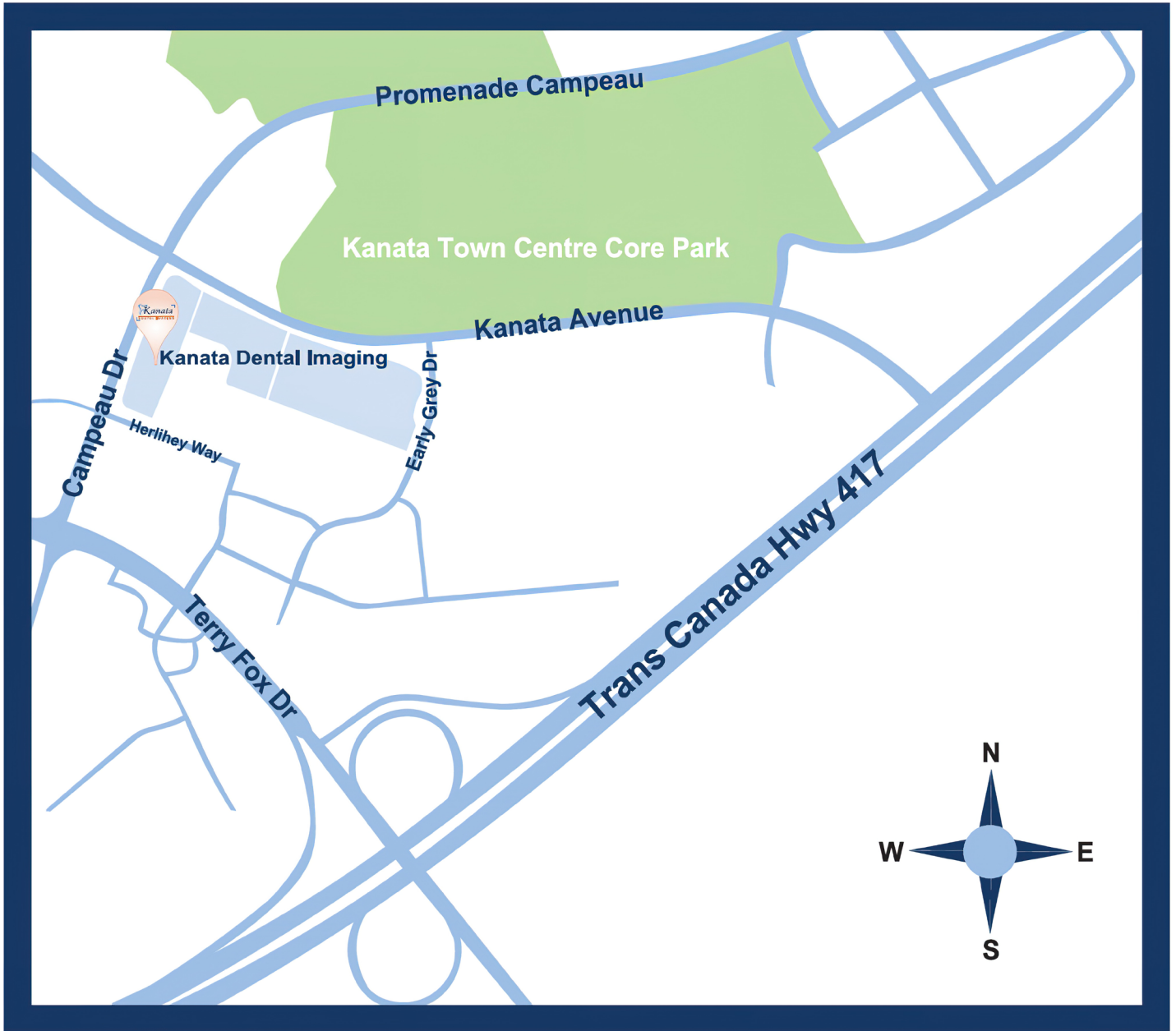
Please select area of interest:

Full maxilla								Full mandible				Both			
Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Image format options

Email _____	USB
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Notes (Relevant history, requests etc.)



Location

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