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CBCT/ Panoramic Scan Request

Patient Name: _____

DOB: _____ Gender: _____

Indication for the Scan and Relevant History:

Implant Planned	YES	↕	NO	↕
Evaluate Existing Implant	YES	↕	NO	↕
Sinus Evaluation	YES	↕	NO	↕
TMJ Evaluation	YES	↕	NO	↕
Rule Out Pathology	YES	↕	NO	↕
Rush Case(+\$30)	YES	↕	NO	↕

CBCT ONLY (No reading)

Please perform a CBCT scan of tooth/teeth or area (50 mm x 37 mm): Available on CD only.

CBCT with reading

Please perform a CBCT scan of tooth/teeth or area (50 mm x 37 mm): CBCT Available on CD only. Report available by email.

PANORAMIC ONLY

Please perform digital panoramic radiograph:

Send by:

CD Printed Office email on file Other email:

Signature & Acknowledgement

Frances Ballagas, DMD on behalf of Innovative Endodontics, will have the requested images read by a medical or dental radiologist whose report will be forwarded directly to me, the referring doctor. I understand that Dr. Frances Ballagas' involvement in connection with this referral is limited to performing the study. Dr. Frances Ballagas, and employees of the LLC will not participate in any interpretation of the images; the preparation and issuance of the report; communicating the results of the study to the patient; or counseling the patient on appropriate follow-up as may be required in the exercise of my clinical and professional judgment. By executing this referral form, I understand, acknowledge and accept the responsibility that as the referring doctor it is my sole responsibility to communicate the results of the study to the patient and to provide appropriate consultation and follow-up with the patient, and I further agree to protect, defend, indemnify and hold Dr. Frances Ballagas and the LLC completely harmless in discharging those responsibilities to the patient.

Referring Doctor Signature

Print Name

Date

This facsimile contains information which (a) may be medically confidential, legally privileged or otherwise protected by law from disclosure and (b) is intended only for the use of addressee's named above. If you are not the addressee or the person responsible for delivering this to the addressee(s), you are hereby notified that reading, copying or distributing this facsimile is prohibited. If you have received this facsimile in error, please telephone us immediately and send the facsimile back to us at the address at the top of the page. Thank you.

Frances Ballagas, DMD