Thibault PERIODONTICS

Dr. Jacques E. Thibault, D.D.S., DIP PERIO, M.R.C.D.(C), F.I.C.D.
Dr. Émilie Thibault, D.M.D., M.Sc (Perio), F.R.C.D(C)
888 Regent Street, Unit 103 Tel: (705) 673-3368
Sudbury, ON | P3E 6C6 Fax: (705) 673-3342

Cone Beam CT Referral Form

Please email referral with radiograph(s) of area (last name, first name, date taken) to referrals@thibaultperio.ca

Referral date: _____ Referral provider: _____

Phone #: _____ Email: _____

Patient: _____ Parents/guardians: _____

Address: _____

City: _____ Postal Code: _____

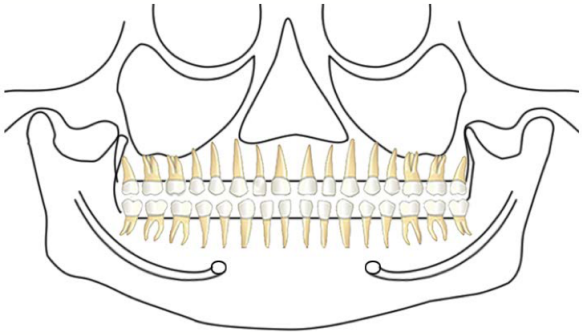
Phone # (H): _____ (C): _____ Other: _____

***Patient's e-mail address **(REQUIRED)** _____

Date of Birth: ☐ / ☐ / ☐ Gender: _____
Month Day Year

Reasons for CBCT Referral:

- ☐ Implant(s) _____
- ☐ Impacted tooth/teeth _____
- ☐ Inferior Alveolar Nerve Localization ☐ R ☐ L
- ☐ Endodontics _____
- ☐ Lesion/Pathology _____
- ☐ Other _____
- ☐ Implant measurements required
- ☐ Please advise if you also require DICOM files



Detailed description of patient's condition/concerns:

Enclosed:

- ☐ Radiographs **(Please rename all radiographs with your patient's name and date taken)**
- ☐ Radiologic guide provided **(must be given to patient to insert at time of CBCT)**

Cost varies between 325-425 depending on field of view and image rendering / implant measurement request.

Reporting time is approximately 1 week (read and reported by oral and maxillofacial radiologist)