



Diagnostic Digital Imaging
- REFERRAL CARD -

Patient's Name _____ Fee Estimate _____

Appointment Date _____ Appointment Time _____ am / pm

Important Patient Information:

- Fees for these services are due at time of appointment.
- California state law requires a written referral card to be presented at time of appointment.

3D Imaging Studies

Specify Site:

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

- Maxilla Mandible
- Implant Impaction Endo Pathology
- TMJ Sinus Airway
- Patient to wear Appliance (specify type): _____
- Optical Scan
 - Maxilla Mandible
- Diagnostic Report by Maxillofacial Radiologist

Delivery Method

- Data/Software Viewer Only Data + Portfolio
- Beamreaders

Orthodontic Studies

- 2D 3D (Cone Beam CT)
- Beginning Progress Final

2D Imaging Studies

- Lateral cephalometric Tracing Analysis Type: _____
- Oral facial photography Panoramic
- Full mouth Upper/Lower Anteriors Bitewing Survey
- Periapical (specify area) _____

Instructions/Clinical Notes: _____

Doctor's Name (Please sign & print) _____ Date _____

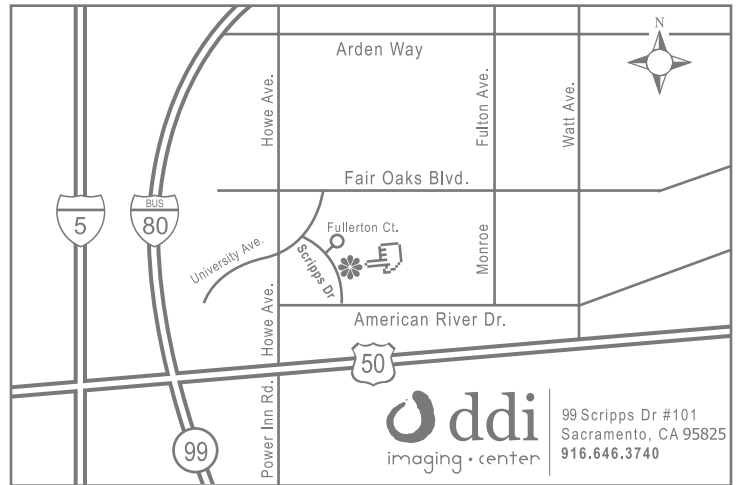
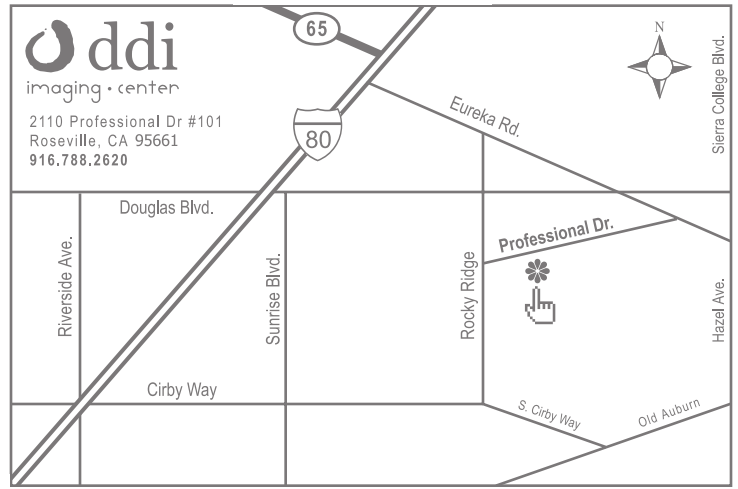
Doctor's Office Location: _____

Doctor/Office Email: _____

Location map on reverse side.

- Roseville 95661**
2110 Professional Dr., Ste.101
Tel: 916.788.2620
Fax: 916.788.2622
- Sacramento 95825**
99 Scripps Dr., Ste.101
Tel: 916.646.3740
Fax: 916.646.3742

- Mobile Van**
www.ddiMobile.com
Tel: 888.259.0189



Payment & Insurance Information:

Payment for services are due the day of your appointment. We accept checks made payable to DDI, cash, and most major credit cards.



If you have insurance, we will be happy to assist with submitting your claim. Your insurance carrier will reimburse you directly for services covered under your policy.



Toll Free Mobile: 1-888-259-0189

www.ddiMobile.com