



M. Todd Brandt, D.D.S., M.D.
Richard A. Kapitan, D.D.S., M.S.

IMAGING SERVICES REFERRAL FORM

Patient's Full Name _____

Dr. _____ is referring the above patient for "imaging facility

Services" for _____
(diagnosis)

The images will be read by a medical or dental radiologist, and Blue Ridge Oral Surgery will be held

harmless in the event that appropriate follow-up is not provided to the patient.

"Imaging facility services" means CT imaging services which are limited to the head and neck region and limited to CT imaging with no contrast.

In order for these services to be provided, the referring healthcare professional agrees to the provisions of the imaging services referral slip. It is required that the referring healthcare professional sign and date below.

Signature

Date

Print name