

**Michael H Weber, DDS
Ian K Walker, DDS
Yaser F Roumani, DDS**

CBCT SCAN / Panoramic Request

Patient Name: _____

Appointment: Date: _____ Time: _____ am pm

Please list tooth/teeth or area for endodontic evaluation and/or treatment: _____

Comments: _____

CBCT Only

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

Panoramic Only

Please perform digital panoramic radiograph:

Send by: CD Printed Office email on file Other email: _____

Signature and Acknowledgement

Michael H Weber, DDS, Ian K Walker, DDS, Yaser F Roumani, DDS individually, and on behalf of Endodontic Associates 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 Drs. Weber, Walker & Roumani's involvement in connection with this referral is limited to performing the study. Drs. Weber, Walker & Roumani and employees of Endodontic Associates 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 Drs. Weber, Walker & Roumani and Endodontic Associates 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.