



460 Main East Dental
 460 Main St. East, Suite 403
 Hamilton, Ontario
 L8N 1K4

Tel: 289 389 4317
 Fax: 289-396-1513
 Email: 460maineastdental@gmail.com
 Website: 460MainEastDental.ca

Imaging Referral Form: Please fill in the information below and fax it to **289-396-1513**
 To schedule an appointment please call **289-389-4317**

Clinician Information

Name:
 Telephone:
 Email:
 Mailing Address:

Patient Information

Name:
 Telephone:
 Email:

Delivery Method

- Email (Free)
- Mail (+\$15)

Type of Imaging

- Cone beam CT
 - 4 x 4
 - 8 x 5
 - 8 x 8
- Pan

Region of Interest, Referral Reason and Details

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Keep in Mind

Metallic jewellery, partial dentures and hair clips will need to be removed for the scan.

If your dentist has made a radiographic guide (stent) for you to be scanned with, please make sure it fits properly and remember to bring it with you.

These scans are not covered by medical insurance because they are not medical scans. Your dental insurance may cover the procedure.

You can find out beforehand by calling your insurance company and finding out if they cover insurance code 02931.

All aspects of this CBCT scan are the responsibility of 460 Main East Dental. However, our facility has the option of sending the data to the Specialists in Oral Radiology for radiographic interpretation and processing. If this is the case, the Specialists will accept full responsibility for the interpretation component of the CBCT scan.

Referrals can be made by fax, email, or on our website.



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