



**ORTHODONTIC
SPECIALISTS**

GREEN BAY®

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DDS Referral Form for i-Cat® CBCT

Date: _____

Patient name: _____

Referred by: _____

Doctor's email: _____

Also send to Doctor: _____

Doctor's email: _____

Protocol

- Indicate if using Noble Guide
- Scan of patient
- Scan of patient (w/appliance inserted)
- Separate scan of appliance

Reason for Referral

- Pathology
- Surgery
- TMJ
- Implant
- Extraction
- Other

Is viewing software required? yes no

Indicate site: _____

ICD-10 Diagnosis: _____

Comments: _____