



Dr. Sze Dental

Dr. EDMOND SZE DMD



LIMA

DENTURE AND IMPLANT SOLUTIONS

1535 Bank St Unit A, Ottawa, ON, K1H 7Z1

P: (613) 526-1234 F: (613) 260-3975 Please email to: ctscan@drszedental.com

Dental CT Referral Form

1. Patient information

First Name: Last Name:
DOB: Mobile # Home #
DD / MM / YYYY
Email:
Address:

2. Circle or check teeth / area to be scanned

Grid for teeth scanning: Complete upper arch (18-28) and Complete lower arch (48-38)

Reason for scan:
Implant planning
Assess for fracture
Nerve tracing for wisdom teeth
Other

Special Instructions/
Additional Notes:

3. Referring office

Dentist:
Office name:
Phone:
Email:

\*Please include any recent radiographs and/or other images that have been taken of the patient in the area of clinical interest

Thank you for your referral!

