



Diagnostic Digital Imaging
- REFERRAL CARD -

Patient's Name _____ Fee Estimate _____

Appointment Date _____ Appointment Time _____ am / pm

Important Patient Information:

- Fees for these services are due at time of appointment.
- California state law requires a written referral card to be presented at time of appointment.

Orthodontic Studies

- 2D 3D (Cone Beam CT)
- Beginning Progress Final

Extra Oral Studies

- Lateral cephalometric Tracing Analysis Type: _____
- PA cephalometric Oral facial photography
- Panoramic Carpal index

Intra Oral Studies

- Full mouth Grid overlay Vertical bitewings
- Upper/Lower Anteriors Bitewing Survey
- Periapical (specify area) _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Cone Beam Volume Scan

- TMJ Complete TMJ Limited Sinus Airway
- Maxilla Mandible Specify site _____
- Patient to wear Radiographic Guide
- Using Surgical Guide Software, Software Name: _____
- Diagnostic Report by Oral & Maxillofacial Radiologist

Special Instructions: _____

Doctor's signature _____ Date _____

Doctor/Office Email: _____

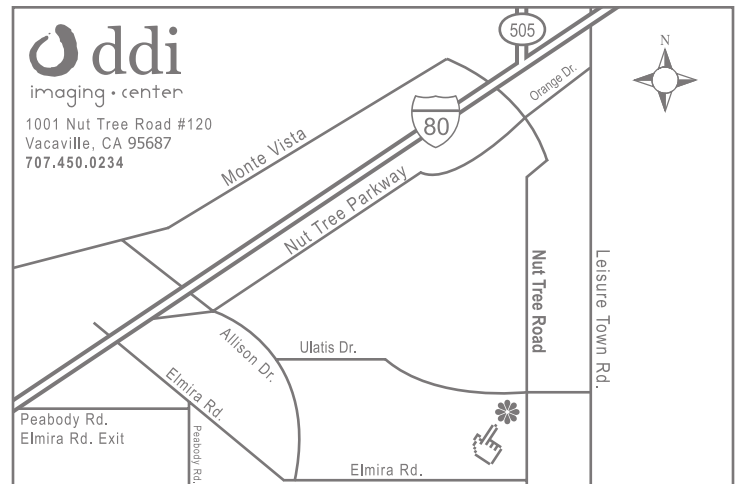
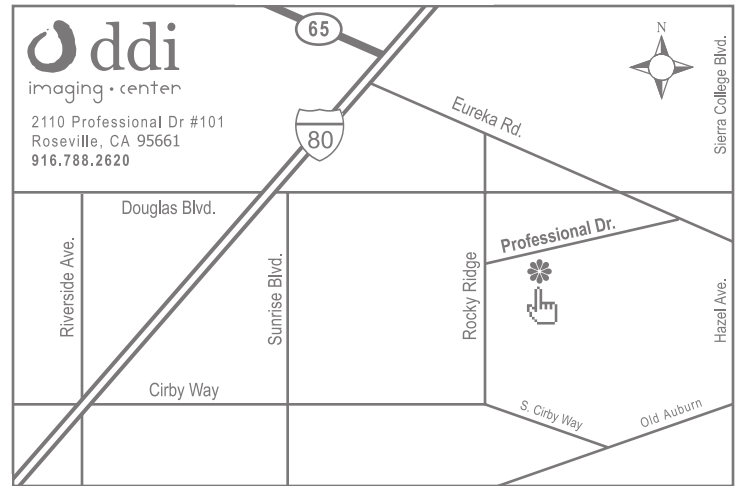
Location map on reverse side.

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2110 Professional Dr. #101
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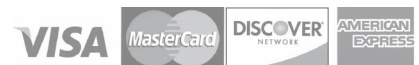
Vacaville 95687
1001 Nut Tree Rd. #120
Tel: 707.450.0234
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www.ddiMobile.com
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Payment & Insurance Information:

Payment for services are due the day of your appointment. We accept checks made payable to DDI, cash, and most major credit cards.



If you have insurance, we will be happy to assist with submitting your claim. Your insurance carrier will reimburse you directly for services covered under your policy.