

**PATIENT REFERRAL FORM
REQUEST FOR RADIOLOGY IMAGING & REPORTING**

University of Pittsburgh; UDHS Imaging Service

Phone: 412-648-8612

Fax: 412-383-9142

Just the report only

AREA(S) OF INTEREST/ CLINICAL INFORMATION

SPECIAL INSTRUCTIONS: _____

Is the patient coming with a Radiographic template: Yes No

Diagnostic model scanning needed: Yes No

- CD with patient scan and viewer software
- CD or electronic transfer of patient data in DICOM format for uploading to compatible orthodontic/implant software
- Printed Report/Pictures showing Panoramic view, Slices through area(s) of interest and 3D
- CD with Reports/Images in JPEG/PDF format
- E-mail Report/Images in JPEG/PDF format

Doctor's email: _____

For information on reporting, prices, how to send images, or billing information please call 412-648-8612 or 412-648-8633.

Doctor's Signature Date _____

**Radiologic Consultation provided by:
UDHS Imaging services
University of Pittsburgh; School of Dental Medicine
Pittsburgh 15261**