



# Nordel Crossing Imaging

[www.nordelsmiles.ca](http://www.nordelsmiles.ca)

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DATE: \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_

PATIENT PHONE: \_\_\_\_\_

## REFERRING DOCTOR INFO

NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

### TREATMENT



CBCT FOV Size: Ø110 x 80 mm

### ADDITIONAL COMMENTS:

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WE WILL PROVIDE A LINK TO DOWNLOAD CBCT SCAN VIA EMAIL.  
PATIENT MUST CALL US TO BOOK. PLEASE EMAIL OR FAX REFERRAL SLIP IN ADVANCE.

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