



CT Scan Referral Form

Salem-Peabody Oral Surgery
6 Essex Center Drive
Peabody, MA 01960
978-531-1450
salempbodyoralsurgery.com

To make an appointment please call **(978) 531-1450**
and ask to be referred to our CT Scan scheduler

Referring Doctor: _____ Patient Name: _____ Date: _____

Referred for:

- Implants (tooth positions)
 - Maxilla Mandible
 Specify Site(s) _____
- Impaction
Specify site(s) _____
- TMJ Pathology
3rd Molars/ Trauma
- Nerve localization Bone grafting
- Orthognathic surgery Sinus
- Airway

Other/Special Instructions: _____

IMPORTANT PATIENT INFORMATION

- To schedule an appointment please call (978) 531-1450
- Please bring this referral form to your appointment
- **Full payment is due** at the time of your appointment, we accept checks, cash and credit cards
- We are not accepting insurance for the scans at this time

Salem-Peabody Oral Surgery agrees to have the images read by a medical or dental radiologist and forward the report to the referring healthcare professional, who will take full responsibility for the radiological interpretation of the images and hold Salem-Peabody Oral Surgery harmless in the event the appropriate follow-up is not given to the patient. ***It is mandatory that the referring healthcare professional sign and date below.***

Signature/Print Name/Date