



**ORTHODONTIC  
SPECIALISTS**

**GREEN BAY®**

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## DDS Referral Form for i-Cat® CBCT

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Doctor's email: \_\_\_\_\_

Also send to Doctor: \_\_\_\_\_

Doctor's email: \_\_\_\_\_

### Protocol

- Indicate if using Noble Guide
- Scan of patient
- Scan of patient (w/appliance inserted)
- Separate scan of appliance

### Reason for Referral

- Pathology
- Surgery
- TMJ
- Implant
- Extraction
- Other

Is viewing software required? yes no

Indicate site: \_\_\_\_\_

ICD-10 Diagnosis: \_\_\_\_\_

Comments: \_\_\_\_\_