

ICAT Cone Beam Scan Referral

Kathleen Nichols DDS

806-698-6684 fax 806-698-1444
4101 84th St. Ste C. Lubbock Texas 79423

Referring Doctor _____

Phone Number _____

Address _____

Patient Name _____

Date of Birth _____

Phone Number _____

Address _____

Scan Options (without radiology report)

- Field options (circle one)
 - 23x17 cm (Full Scan)
 - 16x13 cm (Standard Scan)

- Patient will be expected to pay for service at the time the scan is obtained and a receipt will be provided. The patient and / or the referring office will be solely responsible for the submission to insurance companies should patient reimbursement be desired.

- Scans are provided as a service and are not read nor interpreted by Dr. Kathleen Nichols.

- A CD with volume (DICOM image) and native software will be provided. (Circle one)
 - Mail to referring Doctor
 - Give CD to patient

Referring Doctor Signature

Please Fax form to 806-698-1444

Thank you for your referrals