



815 College Blvd, Suite 106 Oceanside, CA 92057
Phone: 760-906-4466 | Fax: 760-239-0105
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Cone Beam Computed Tomography (CBCT) Referral Form

Ordered By (Referring Provider)

Doctor Name:
Practice Name:
Address:
Phone:
Fax:
Email:

Patient Information

Patient Name:
Phone:
Date of Birth:
Address:
Email:
Dental History & Medical Alerts:

Region to be Scanned:

- Upper Right, Lower Right, Maxilla, Upper Anterior, Lower Anterior, Mandible, Upper Left, Lower Left, Both Jaws

Table with 16 columns and 2 rows of numbers (1-16 and 32-17)

Reason(s) for the Scan:

- Implant, Impaction, Sinus(es), Pathology, Trauma, Surgery, Other, please explain:

The referring doctor takes full responsibility for the radiological interpretation of the images and holds We Care Dental harmless in the event images are not read by a radiologist or the appropriate follow-up is not given to the patient.

In order for these services to be provided, the referring healthcare professional agrees to the provisions of the imaging services referral slip. It is mandatory that the referring dentist sign and date below.

Referring Doctor Signature Date

Patients may also request that all images be read by a radiologist.

Please check one:

- I request that We Care Dental send this CBCT scan to an oral radiologist.
I request that We Care Dental NOT send this CBCT scan to an oral radiologist for further review.

Patient Signature Date

Please email referral to info@wecare.dental or fax referral to 760-239-0105.

We Care Dental Imaging Location

815 College Blvd Ste 106 Oceanside, CA 92057

Billing & Insurance Policies

PAYMENT

We Care Dental will ask for payment at the time of service. Payment can be made by Cash, Credit Card (Visa, Mastercard, Amex, or Discover), Check, or CareCredit financing (6 months financing for \$200+ orders). We also offer in house financing to make monthly payments.

Patients must call their imaging center location of choice to make an appointment. Referral is required at the time of the appointment. Please remove jewelry prior to your appointment.