



# PRESCOTT ENDODONTIC ASSOCIATES, P.C.

Prescott Endodontic Associates, P.C.  
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## CBCT/ Panoramic Scan Request

Patient Name: \_\_\_\_\_

Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Please list tooth/teeth or area for endodontic evaluation and/or treatment: \_\_\_\_\_

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

\_\_\_\_\_

CBCT Only

Please perform a CBCT scan of tooth/teeth or area (50 mm x 37 mm): (Available on CD only.)

\_\_\_\_\_

\_\_\_\_\_

Panoramic Only

Please perform digital panoramic radiograph:

Send by:  CD  Printed  Office email on file  Other email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Signature and Acknowledgement

I understand that Dr. Smith and employees' involvement in connection with this referral is limited to taking the x-ray. Dr. Smith and employees of the PC will not participate in any interpretation of the images; the preparation and issuance of the report; communicating the results of the study to the patient; or counseling the patient on appropriate follow-up as may be required in the exercise of my clinical and professional judgment. By executing this referral form, I understand, acknowledge and accept the responsibility that as the referring doctor it is my sole responsibility to communicate the results of the study to the patient and to provide appropriate consultation and follow-up with the patient, and I further agree to protect, defend, indemnify and hold Dr. Smith and the PC completely harmless in discharging those responsibilities to the patient. I understand that no doctor-patient relationship between my patient and the doctors at Prescott Endodontic Associates is formed as a result of his or her office taking this image.

\_\_\_\_\_  
*Referring Doctor Signature / Print Name*

\_\_\_\_\_  
*Date*

This facsimile contains information which (a) may be medically confidential, legally privileged or otherwise protected by law from disclosure and (b) is intended only for the use of addressee's named above. If you are not the addressee or the person responsible for delivering this to the addressee(s), you are hereby notified that reading, copying or distributing this facsimile is prohibited. If you have received this facsimile in error, please telephone us immediately and send the facsimile back to us at the address at the top of the page. Thank you.