HUDSON BEND DENTAL
AND ORTHODONTICS

1605 RR 620 N. #300 Lakeway, TX 78734
(512)660-6006
fax(512)660-6008
info@hudsonbenddental.com

Referral Form for CBCT Xray

Patient Name:_________________________________ DOB_____________________

Ph number:___________________________________ Email_____________________

Our Carestream CBCT machine can take a conebeam xray of either the upper jaw, or lower jaw. The fee is $250 for one jaw or $450 for both jaws. The referring DDS will receive a self-extracting CD.

- ☐ Maxillary CBCT
- ☐ Mandibular CBCT

- ☐ Patient to pay at time of service
- ☐ Send referring DDS the bill.

Comments:_________________________________ _____________________________________

____ _____________________________________

____ _____________________________________

Referring DDS Name:____

Address for mailing CD:____

Phone number:__________________________ Email________________________________