

INSTRUCTIONS FOR FILLING OUT REFERRAL FORM ONLINE:



STEP ONE

Type in information



STEP TWO

Save the file (right click save as to your documents)



STEP THREE

Attach the file to the email info@cdikelowna.com



DIAGNOSTIC IMAGING REFERRAL FORM

PATIENT INFORMATION: PLEASE PRINT

Patient's Name: _____

Date of birth (M/D/YR) _____

Ph: / Cell: _____

Address: _____

E-mail: _____

DOCTOR'S INFORMATION:

CHARGE TO: Patient Doctor

Referring clinician: Ex. Dr J. Smith

Office Address (Office Stamp)

Office Ph / Fax: _____

E-mail: _____

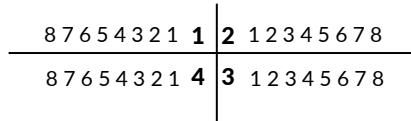
Referral Date: _____

By signing, I hereby agree to release cdi - canadian digital imaging from any claims I may have, and to waive any and all claims I may have, now or in the future, and to hold harmless and indemnify, from any and all claims pursuant to any request for images or services provided for herein.

Doctor's Signature:

IMAGING SERVICES AND FEES:

REGION OF INTEREST (circle below):



REFERRAL REASON + DETAILS

FOCUSED-FIELD MODES:

- 4X4 5X5 6X6 IMPLANT/IMPACTION/ENDO \$195
 16x12 16x17 16x10
ADDITIONAL CBCT SCAN SIZES BELOW w/o radiology report \$275

ARCH MODES:

- SINGLE ARCH 12x5 8x5 5x8 10x5 \$255
 DOUBLE ARCH 8x8 10x10 16x10 \$305

MAXILLOFACIAL:

- Facial /Airway/TMJ (16x17 incl. radiology report) \$505
 TMJ/SINUS (16X6) \$295
 Open Bite Closed Bite Natural Bite

- ORTHO/SINUS (16x12- Incl. radiology report) \$505
 DOULBE SCAN: 2nd or 3rd CBCT/ea - same appt. \$105
Open, Closed Clenched, Relaxed, other: _____
 PANORAMIC \$80
 LATERAL CEPH \$60
 2nd or 3rd ceph position each- same appointment \$35
(and/or circle position below):

AP, PA, Lateral, SMV, Oblique, Carpal index

Notes: _____

ADDITIONAL SERVICES

- FOLLOW UP SCAN 5X5 4x4 6x6 \$105
 FOLLOWUPSCAN \$135
 10x5 12x5 8x5 5x8
 CLINICAL PHOTOGRAPHY (standard 8 photos) \$85
 NERVE TRACING &/or MEASUREMENTS per quad \$65
 CEPH TRACING & ANALYSIS \$65
 ORAL MAXILLOFACIAL RADIOLOGY REPORT \$145
 RUSH for all radiology reports \$45
 CSPINE JOINT (without radiology report) \$305
 CSPINE JOINT (with radiology report) \$450
 OSA AND ORTHO full digital records Call CDI

FORWARD COMPLETED FORM TO:

info@cdikelowna.com or fax: 1-888-463-0167

Call CDI at 250-862-2468 to arrange an appointment.

APPOINTMENT DATE: _____
APPOINTMENT TIME: _____
APPOINTMENT FEE: _____

OFFICE LOCATION: #221 - 1890 Cooper Rd, Orchard Plaza I (Across from Orchard Park Mall)

OFFICE HOURS: 8 - 4:30 (M-Thurs) & 8-12 (Friday)
Closed all statuatory holidays

WWW.CDIKELOWNA.COM

For updated schedule or online referral form.
Pricing as of November 2022