



William Nudera DDS MS

Hong Chon MS DDS

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## IMAGING SERVICES REFERRAL SLIP

Referring Doctor: \_\_\_\_\_

Patient Name and DOB: \_\_\_\_\_

Arch, Quadrant or Tooth Number: \_\_\_\_\_

The referring doctor takes full responsibility for the radiological interpretation of the images and holds William Nudera, DDS, MS and Hong Chon MS, DDS, 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.

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Referring Doctor Signature

Date

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

Please check one:

I request that Dr. Nudera/Dr. Chon send this CBCT scan to an oral radiologist for a \$98.00 fee payable by me.

I request that Dr. Nudera/Dr. Chon **NOT** send this CBCT Scan to a radiologist for further review.

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Patient Signature

Date