



William Nudera DDS, MS
 Hong Chon MS, DDS
 Kyung Choi DDS, MS, PhD
 Sue Park DDS, MS
 John Kim DMD, MS

Referring Doctor: _____

Patient Name: _____ **DOB:** _____

Arch, Quadrant, or Tooth # : _____

We do not provide radiology overreads. The referring doctor takes full responsibility for the radiographic interpretation of the CBCT volume and holds Specialized Endodontic Solutions and Highland Park Endodontics harmless in the event the CBCT volume is not read by a dental 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. The referring doctor must sign and date below.

Referring Doctor Signature **Date**

Patients may request that their CBCT volume be read by an dental radiologist.

Please check one:

- I request Specialized Endodontic Solutions or Highland Park Endodontics send my scan to and dental radiologist for an overread for a \$98.00 fee payable by me.
- I request Specialized Endodontic Solutions or Highland Park Endodontics **NOT** send my scan to and dental radiologist for an overread.

Referring Doctor Signature **Date**

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