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IMAGING SERVICES REFERRAL SLIP

Please complete this form in its entirety. If the referral slip is incomplete, the imaging services will not be provided.

Dr. _____ is referring patient _____

_____ for imaging facility services on _____

(Anatomical Location)

for _____

(Diagnosis)

Dr. _____ agrees to have the image read by a medical or dental radiologist and to take full responsibility for the radiological interpretation of the images and appropriate follow-up for the patient.

Imaging services means CT imaging services which are limited to the head and neck region and limited to CT imaging with no contrast.

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 healthcare professional sign and date below.

Referring Doctor's Signature

Date

Print Name