

# REYNOLDS ORAL & FACIAL SURGERY



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BOARD CERTIFIED ORAL & MAXILLOFACIAL SURGEON

## CRANIOFACIAL DIAGNOSTICS RADIOGRAPH REFERRAL FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone#: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### REQUESTED STUDY

- 3D Cone Beam X-Ray Tooth Area # \_\_\_\_\_
- 3D Cone Beam X-Ray Single Jaw – Max / Mandible
- 3D Cone Beam X-Ray Double Jaw
- 3D Cone Beam X-Ray Chin to Above Orbits (Face)
- 3D Cone Beam X-Ray Lower Skull
- 3D Cone Beam X-Ray Full Skull
- 3D Cone Beam X-Ray Airway Study
- 3D TMJ Crossections
- Panoraphic X-Ray
- Lateral Cephalogram
- P A Cephalogram
- Hand Films
- Intraoral P A X-Ray
- Bitewings
- Full Mouth Series
- Facial Photos Series
- Intraoral Photos Series
- Plaster / Stone Models
- Cephalometric Analysis
- Orthognathic Treatment Plan** (Pano, TMJ, Lateral Cephlogram, cephalometric analysis)
- Orthodontic Initial Work-up** (Pano, TMJ, Lateral Cephlogram, cephalometric analysis)
- Oral, Head and Neck Cancer Screen
- Radiographic Analysis by Dr. Reynolds
- Radiographic Analysis by Dr. David Hatcher D.D.S.

**COMMENTS** \_\_\_\_\_

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**REFERRING DOCTOR SIGNATURE:** \_\_\_\_\_