



Diagnostic Digital Imaging
- REFERRAL CARD -

Please call for appointment.

Patient's Name _____ Fee Estimate _____

Date of Birth _____ Appointment Date _____ Appointment Time _____

Important Patient Information:

- Fees for these services are due at time of appointment.
- Law requires a written referral card to be presented at time of appointment. Please bring this slip with you.

Orthodontic Studies

- Beginning Progress Final

Extra Oral Studies

- Lateral cephalometric PA cephalometric
 Tracing analysis Oral facial photography
 Panoramic Carpal index Growth analysis

Intra Oral Studies

- Full mouth Grid overlay Vertical bitewings
 Upper/lower anteriors Bitewing survey Mandibular Occlusal
 Topographical Occlusal Maxillary Occlusal
 Periapical (specify area) _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Cone Beam Volume Scan

- TMJ Complete TMJ Limited Sinus
 Maxilla Mandible
 Specify site _____
 Diagnostic Report by Dr. David C. Hatcher

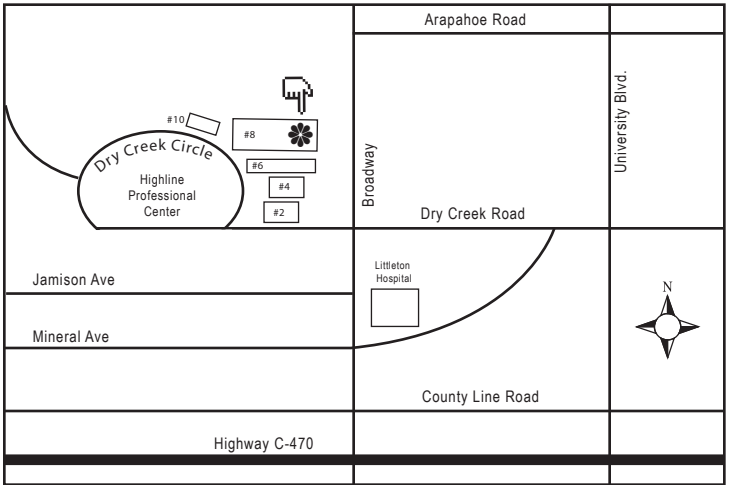
Special Instructions _____

Doctor's signature _____ Date _____

Location map on reverse side.

8 West Dry Creek Circle, Suite 201 tel 303.797.8306
Littleton, Colorado 80120 fax 303.798.6286

Learn more about ddi Imaging Center at www.ddiCenter.com



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- Learn more about what to expect during your visit.
- Get information on imaging and diagnostics.
- Find out more about ddi Imaging Centers.

All of this and more can be found online at:

www.ddiCenters.com

ddi Imaging Centers also has four locations in California.

Sacramento | Roseville | Vacaville | Napa