

Pine Creek Imaging, LLC

9480 Briar Village Point • Suite 300

Colorado Springs, CO 80920

Phone (719) 593-9100

Fax (719) 599-0613

Rx: Cone Beam Computed Tomography – CBCT

Referred by Dr: _____ Phone: _____

Today's Date: _____

Patient Name: _____

DOB: ____ / ____ / ____

Best Patient Phone? _____ Home ____ Cell ____ Work ____

CBCT View(s) Requested:

Full Dental View _____ **OR** TMJ/Sinus View _____

Open _____

Closed _____

Both _____

Area of Interest - **Must** Specify For Radiology Report _____

Special Instructions: _____

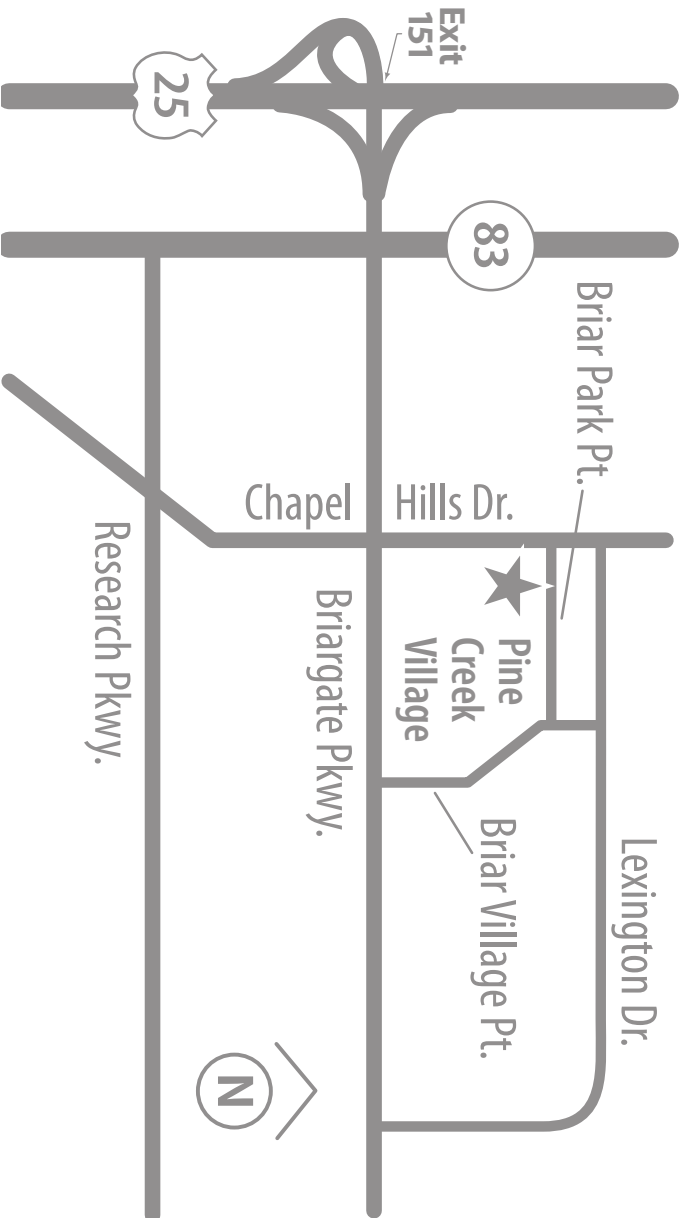
Referring Doctor Signature: _____

Payment: _____ Bill to Patient

_____ Bill to Referring Doctor

****Please call (719) 593-9100 to make an appointment.**

White: Fax or mail • **Yellow:** Referrer's file • **Pink:** Patient Copy



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Exit 151

83

Briar Park Pt.

Chapel Hills Dr.



Pine Creek Village

Briar Village Pt.

Lexington Dr.

Briargate Pkwy.

Research Pkwy.

