

Dr. Frederick Li D.M.D., F.I.C.O.I.

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Implant Dentistry

3d imaging - referral fax

(the same information can also be emailed to: info@DrFrederickLi.com)

Date _____

From: _____

To: Frederick Li, DMD

Fax: 1-866-404-5091 (toll free)

Patient Name: _____ Insurance: Y/N

Home Phone: _____

Work Phone: _____

Cell: _____

Scan size: (please circle)

Small field (1-2 teeth) \$110.00

Large field (one jaw or two) \$220.00
\$280.00 (read by radiologist/recommended)

Post op scans (same patient/same site) \$110.00

- The responsibility of reading the scan is the referring dentist's unless the scan is read by an oral radiologist.

Site: # _____

Reason for referral:

Printout Y/N (all scans will be available for download or usb key)