Dr. Frederick Li D.M.D., F.I.C.O.I.
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3d imaging Referral Form

info@DrFrederickLi.com or fax to 1-866-404-5091

Date _____

From: _____

To: Frederick Li, DMD

Patient Name: _____ Insurance: Y/N
Home Phone: _____
Work Phone: _____
Cell: _____

Scan size: (please circle)

Small field (single tooth non implant)
$150.00

Large field (required for implant treatment planning)
$250.00
$340.00 (read by radiologist/recommended)

- 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)