

Smile DESIGNERS

CT Scan Imaging Services

1867 NW Civic Drive, Gresham, OR 97030

503-661-6613 | fax 503-661-6596

Patient Name _____

Referring Provider _____

Address _____

Phone _____ Date _____

Reasons for the scan: _____

Area of interest: _____

Stent to be used: Yes No

Stent will be delivered by: Referring provider
 Sent with the patient

Scan to be: Mailed
 Sent with patient
 Other _____