Grossly Normal Study

INSTRUCTIONS:
- Send to referring doctor
- Send with patient

INTRAORAL:
- FMX
- Periapical
- Bitewing
- Cephalometric:
- Lateral
- Posteroanterior
- Other:

CEPHALOMETRIC:

PERAPICAL:

BITEWING:

CONTO-BEAM COMPUTED TOMOGRAPHY (CBCT):
- TMJ
- Implants
- Sites
- Other:

CONTRAST:

DIAGNOSTIC OBJECTIVE:

REFERRING DOCTOR: ____________________________ signature and printed name

DO NOT WRITE BELOW THIS LINE - FOR RADIOLOGISTS ONLY

RADIOGRAPHIC IMPRESSION:
- Grossly Normal Study
- Findings
- Report to follow
- Date

RADIOLOGIST: ____________________________ signature and printed name

REFERRING DOCTOR: ____________________________ signature and printed name

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RADIOGRAPHIC IMPRESSION:
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