



Durham Dental

SOLUTIONS

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289-985-0599

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Patient Name: _____ Phone: _____

Referring Doctor: _____

Phone: _____ Email: _____

REASON FOR REFERRAL:

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
									1	2						
									4	3						
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- CT scan ONLY
- Extractions/Wisdom teeth
- Implants
- Teeth in a day / All on 4 - 6
- Implant Overdenture
- Bone Augmentation
- Deep sedation
- Soft Tissue Grafting

CT SCAN REPORT AND MEASUREMENTS:

1 Quadrant
(5x5)
\$300

2 Quadrant
(8x5)
\$350

4 Quadrant
(8x8)
\$400

CT reports will be emailed to referring doctor.
Please note if a surgical guide will be required the minimum size
of the scan must be '8x5'.

IMPLANT SURGERY

- ☐ Surgery only
- ☐ Surgery and Prosthesis

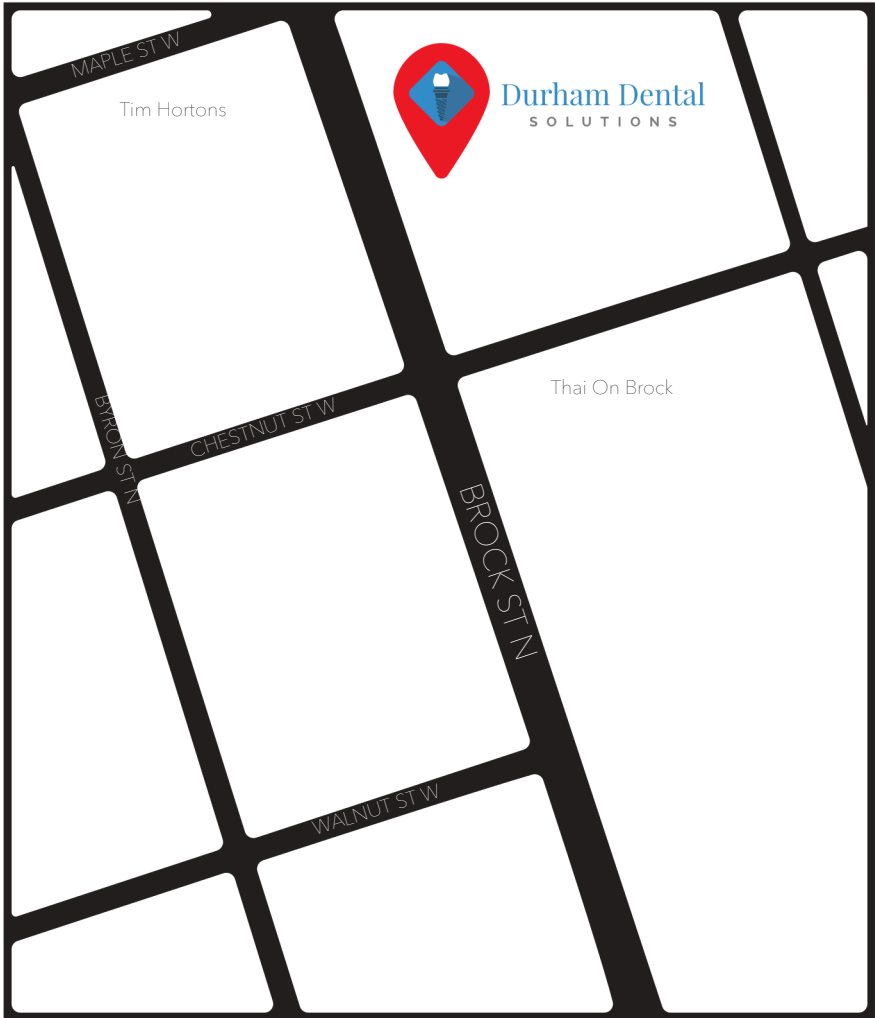
Referring Dentist Signature: _____ Date: _____

Durham Dental Solutions
513 Brock Street North
Whitby ON L1N 4J1



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