University of Nebraska Medical Center
COLLEGE OF DENTISTRY

University Dental Associates
Faculty Dental Practice

UNMC College of Dentistry
40th & Holdrege, Lincoln, NE 68583
Phone: 402-472-8900
Fax: 402-472 -0048

Please fax us this form. UDA will contact the patient for scheduling an appointment.
Payment is required when services are rendered.

Patient Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell or Work: _____

Cone-Beam Computed

Referral Reason: _____

Additional Information/Clinical Diagnosis: _____

CBCT + Interpretation Report

- ☐ Implants: Tooth/Teeth #_____
- ☐ Endodontic Survey: Tooth/Teeth #_____
- ☐ Impacted Tooth/Teeth #_____
- ☐ Airway Analysis_____
- ☐ Other imaging indication: _____

Referring Clinician

Referring Doctor's Name: _____ Signature: _____

Office Phone Number: _____ Date: _____

CBCT Scan + Report Delivery:

□ Email or Mailing Address: _____