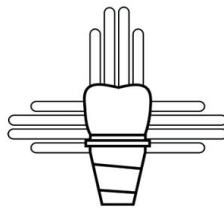


PINO PERIODONTICS

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CURTIS M. PINO DDS, MS

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Office: 505.822.0565

Fax: 505.821.4242

CBCT Scan Request

Patient Name: _____ Contact #: _____

Appointment Date: _____ Time: _____

Referring Doctor: _____ Contact #: _____

Please perform a CBCT scan of tooth/teeth or area: _____

Additional Comments: _____

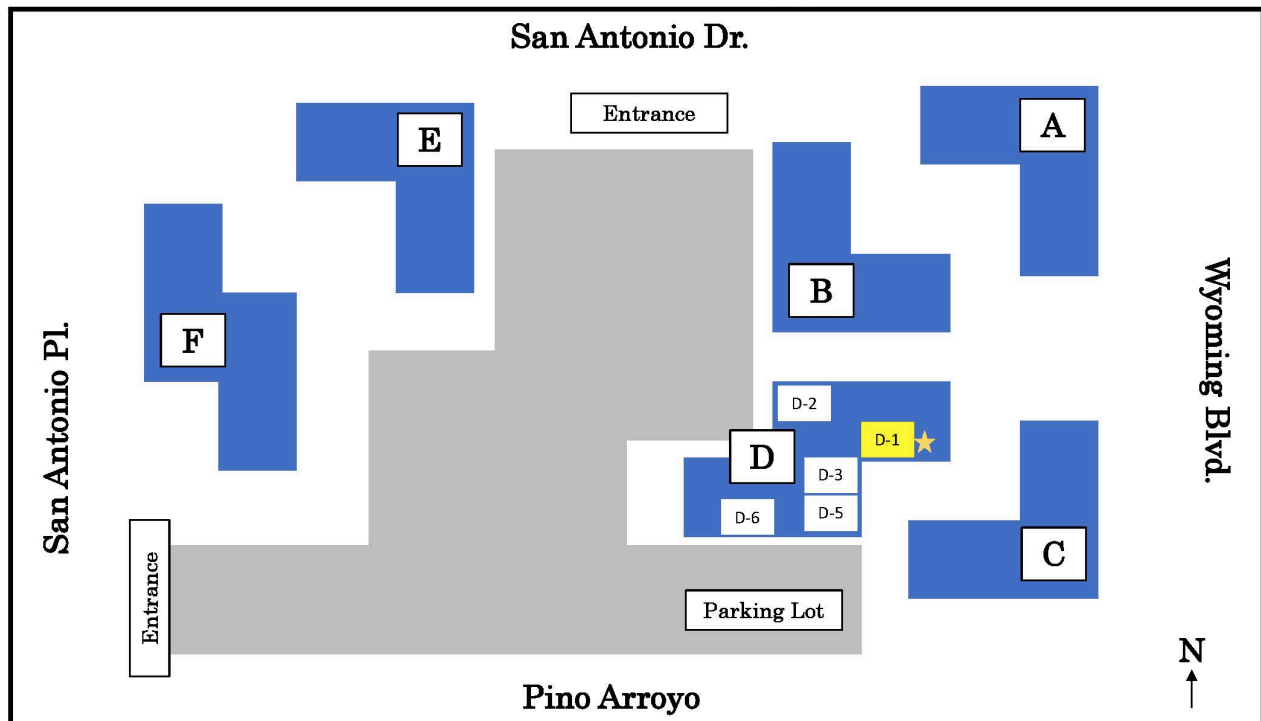
☐ Please send CBCT scan with the patient

☐ Please mail our office the CBCT scan

Cherry Hills Complex Map



Pino Periodontics Suite D-1



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