



MSDO - Referring Physician/Dentist Information:

Name: _____

Phone No: () - _____

Address: _____

Services to be provided:

<u>Service</u>	<u>CPT Code</u>
Exam	- 99214
Panorex	- 70355
Tomograph	- 70486
Radiologic Over-Read	- 76376

Referred Patient Information:

Name: _____

Phone No: () - _____

Email Address: _____

Concerns: _____

Dr. Signature: _____

Date: _____

****Fax to 404.524.1981 or send via encrypted e-mail to twk@atlantasedationdentistry.org****

Do not send unencrypted PHI electronically