

# The Dental Office @ Lyon & Glebe

OueisDentistry.ca

## Cone Beam (CT) Scan Imaging Referral Form

Please fill in the form below and e-mail it to [InfoGlebe@OueisDentistry.ca](mailto:InfoGlebe@OueisDentistry.ca),  
fax it to (613) 233-2001, or call us at (613) 233-2000 for an appointment.

**The cost of this service is \$249.00**

### Referral Details Please print clearly

Referring Dentist Name:	Patient Name:
Dentist Telephone:	Patient Date of Birth: <small>DD/MM/YYYY</small>
Dentist E-mail:	Patient Telephone:
Dentist Address:	Patient E-mail:
Region of Interest:	Referral Reasons/Details:

### Payment

We are a fee-for-service dental provider. Payment is due in full at the time dental treatment is rendered. We do not accept payment from insurance companies. If you have dental insurance, we will gladly submit your claim electronically, whereby you will be reimbursed directly by your insurance carrier.

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**The Dental Office  
@ Lyon & Glebe**  
645 Lyon Street South  
Ottawa, ON K1S 3Z6  
**613-233-2000**

