







ANALYSIS AND INTERPRETATION OF CONE BEAM IMAGE SERVICES

REMOVES THE LEGAL LIABILITY OF MISDIAGNOSIS

-  Canada Bay Medical Imaging has been leading the way in high-quality cone beam imaging and reporting since 2007.
-  Canada Bay provides all dentists with access to our CBLink – the only web-based cone-beam manipulation software available worldwide.
-  No need to send CDs or USB sticks by post for reporting services. Simply open an account and upload your Dicom files with your request for analysis and interpretation.
-  Online training for your dental staff to upload your images and download your report.

New ADA item codes may apply for Health Fund rebates as of 1st April 2016

Item Code 019 - Letter of Referral

Item Code 026 - Cone Beam Scan Acquisition

CBVT analysis and/interpretation

Item Code 087 - small field of view (less than 1 complete dental arch)

Item Code 088 - maxillary or mandibular dentition (single dental arch)

Item Code 089 - maxillary and mandibular dentition (both dental arch)

Item Code 090 - temporomandibular joints

Item Code 091 - oral-facial structures

Enquire about our services by emailing reception@canadabaycentre.com.au or call
Dr Celso Nishiguchi or Vivien Munoz-Ferrada on 02 9713 0070

Referring Practitioner:

FAX:
Email:

MAXILLOFACIAL CBVT REPORT FOR:

Patient:

Date of Birth:
Date of Service:

Reporting Radiologist: Prof Malcolm Coombs LDS, BDS, MDS, DCR

FINDINGS:

Teeth Highlight Legend:

Missing
Present
Apical Radiolucency
Root Fragment
Impacted
RCT



The panoramic view shows Partly Dentate: maxilla

Teeth Missing: 18, 16, 27,
Teeth Present: 15, 14, 13, 12, 11, 21, 22, 23, 24, 25,
28 impacted, unerupted.

Apical lucency present on 15,

It appears to have a root fragment on 17 and 26 region

There is a large, dense, amorphous radiopaque mass present in the right maxillary region

PATIENT

DOB:

Email: CBMC@canadabaycentre.com.au
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Weblink: www.cblink.com.au

approximately 16.16 mm from apical region of 15 distally to the 17 region, it is 22.66 mm from alveolar ridge to the floor of the maxillary sinus and 8.13 mm in a bucco-palatal direction.
Differential diagnosis could include; Complex Odontoma or Fibrous dysplasia.
Dentate adult dentition with generalized moderate horizontal and vertical bone loss
No other odontogenic pathology seen
Facial Bones intact

Mandibular Cross Sectional and Panoramic View

The panoramic view shows Partly Dentate: mandible
Teeth Missing: 48, 38,
Teeth Present: 47, 46, 45, 44, 43, 42, 41, 31, 32, 33, 34, 35, 36, 37,
35 has RCT, looks satisfactory (RCT= root canal treatment)
Dentate adult dentition with generalized mild horizontal and vertical bone loss
The apparent area below 45 and 46 appears to be an area of increased bone density.
An area of sclerotic bone which is attached to the buccal plate.
I don't think it is of significance when compared with the lesion in the maxilla.
Suggest periapical of the area and/or review in 12 months.
No other odontogenic pathology seen
Mandible intact

Sinuses

Both maxillary sinuses exhibit minor mucoperiosteal thickening at the floor
Ethmoid complex is clear
Sphenoid clear
Septum mild deviation to the right

Orthodontic Class – Lateral/AP Cephalogram

Class I relationship
Overjet is approximately 3.50 mm.
Overbite is approximately 2.01 mm.

No other significant pathology was found.

Thank you for referring Dr.

Prof Malcolm Coombs LDS, BDS, MDS, DCR

PATIENT

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SAMPLE REPORT FORMAT