

**College of Dentistry** Department of Oral and Maxillofacial Diagnostic Sciences

Health Science Center PO Box 100414 Gainesville, FL 32610-0414 352-273-6775 352-273-6553 Fax

Greetings,

Included with this letter are the instruction guide and interpretation request form for our consults. A brief summary of our process is that we need a completed consult request form, emailed to <u>OralRad@dental.ufl.edu</u> or faxed to 352-273-6553, and the relevant scan uploaded to our secure server. If you prefer to send images in through the mail on a CD or flash drive, that is also fine.

In order to give needed priority to any stat cases, all standard cases will be returned starting the next business day, guaranteed to be returned within four business days. If you need a same-day response and wish to designate an interpretation stat, simply check the stat box on the consult form, and it will be processed accordingly. The daily cut-off time for stat requests is 2:30 PM.

These details are noted on the included consult form, and the billing schedule is included below. If you have any questions or would like clarification, please feel free to call our office.

Type of Study	Fee (\$)
Maxillofacial CBCT	80*
Full Mouth Series	60
Pantomograph	50
Periapical	25
TMJ MRI	80
Stat/Guaranteed Same-Day Return**	+25
Add-on of Pantomograph or Periapical	+25
*Charge is per arch or for comparative scans of the same arch.	

\*\*Request must be received before 2:30 PM.

For electronic uploads, please use the free Filezilla software our guide mentions, which will only need to be set up once. After that, you will simply log in to transmit any needed files. While it is possible to upload files directly through a browser, that method cannot display the status of your upload and does not communicate as smoothly with our server.

Due to liability concerns, our practice is no longer able to accept anonymized scans. Please contact your software's technical support if needed to make sure that your exported scans will include the scan date and the patient's name, date of birth, and sex in the metadata so that we can verify the patient's identification.

For the upload itself, please place all the scan images and data in one folder labeled with the patient's name, compress it into a zip file, and upload that zip file. If compressing causes problems with your software, uploading the folder as-is will also work. We are happy to answer any questions you may have or to walk you through the process if you would like assistance.

Welcome to the practice!

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