

Patient Information

Name: _____ D.O.B: _____

Address: _____

Phone: _____ Cell: _____

Referring Doctor Information

Name (Print): _____ Signature: _____

Address: _____ Email: _____

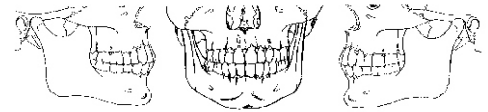
Phone: _____ Fax: _____

- Implants Dental Impaction Airway Assessment Ortho Sinus Exam
 TMJ Exam Endodontics Oral Pathology Other _____

Is your patient coming with a radiological template to be scanned ? Yes No

If yes then Pt. was trained to place template Dr. will be on scanning site

Please check region of interest Maxilla Mandible



Indicate teeth or area of interest for measurement purposes:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Fees: CBCT Scan \$299 (for one arch or both)

Payment responsibility: Doctor Patient

Software

- Dicom / Blue Sky Free Viewer (Free) SimPlant Planner (Call or e-mail to confirm. Sim, Spr)
 Invivo Viewer (+\$5. Inv) SimPlant Viewer (+\$10. Sma)

Preferred Reproduction Format

- Via Internet (included in price) PDF Without Measurements Via Portal (Free)
 PDF with Measurements Via Portal (+\$5) Ortho (+\$5) TMJ (+\$10) CD (+\$10)
 Prints (+\$20) Radiological Report (+\$70) Airway Assessment Radiological Report (+\$100)

Processing

- ASAP
 Dual Scan Procedure (Price Per Arch) Maxilla (+\$100) Mandible (+\$100)
 Masking (Price Per Arch) Maxilla (+\$50) Mandible (+\$50)
 Virtual Implant Placement (+\$135 for the first implant. +\$30 for each implant after)

Special Instructions: _____