

Patient Information

Name: _____ D.O.B: _____
Address: _____
Phone: _____ Cell: _____

Date: _____

Referring doctor Information

Name (Print): _____ Signature: _____
Address: _____ E-mail: _____
Phone: _____ Fax: _____

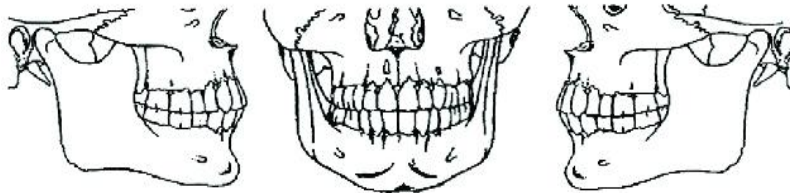
scheduling Information

Date of Appt: _____ Exact Location _____ Address _____
(Please Print)
Time: _____ City _____ State _____ Zip _____

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

Please circle the Region of Interest (ROI)

- Maxilla
 Mandible
 Both Arches



Is your patient coming with a radiological template?
 Yes No

Indicate teeth or area of interest:

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

cpt codes			
CPT CODE	Description	CPT CODE	Description
70486*	CAT-Maxillo facial are: W/O Contrast	76380**	CAT-Limited or localized follow up study
76376	3D Rendering W/interp/rptg of CAT-Must be billed w/base imaging		

Diagnosis codes			
CODE	DESCRIPTION	CODE	DESCRIPTION
473.9*	Unspec sinistis (chronic)	528.4	Cysts of oral soft tissue
524.10*	Unspec anomaly (jaw to cranial base)	733.03**	Disuse Osteoporosis
526.4*	Inflammatory Conditions (Jaw)	733.09**	Other-Osteoporosis
524.62*	Endodontic Overfill	733.40**	Aseptic necrosis of bone, site Unsp
733.00**	Osteoporosis Unsp	521.10	Excessive attrition, Unspecified
733.01**	Senile Osteoporosis	521.11	Excessive attrition, Limited to enamel
733.02**	Idiopathic Osteoporosis	525.12	Excessive attrition, extending in to dentine
524.63	Articular disc disorder of temporomandibular joint	524.60	Unspecified TMJ disorder
525.10	Unspecified acquired absence of teeth	524.69	Other specified temporomandibular joint disorder
525.11	Loss of teeth due to trauma	525.26	Severe atrophy of the maxilla
525.12	Loss of teeth due to periodontal disease	784.0	Headache
525.20	Unspecified atrophy of edentulous alveolar ridge	733.20	Unspecified cyst of bone (localized)
525.25	Moderate atrophy of the maxilla	526.2	Other cysts of jaw
526.9	Unspecified disease of jaw	719.48	Pain in joint, other specified sites
527.9	Unspecified disease of the salivary glands	525.23	Severe atrophy of mandible
525.22	Moderate atrophy of mandible	OTHER	

* Please circle appropriate diagnosis code.

It is our commitment to provide our valued customers with the tools and resources to achieve the highest level of success. We have prepared this document to serve as a guide for medical and dental billing references. If you have any questions or need additional information, please don't hesitate to contact us at 800-881-4432.

Special Instructions: _____

Software

- Simplant
 Sim Dual Scan
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 Easy Guide
 Free Simplant Viewer
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 Free NNT Viewer
 Other: _____

Preferred Reproduction Format

- CD
 Glossy Prints
 Via Internet
 Radiological Report
 All of the above

Payment is due when services are rendered by check, cash or major credit card.