

Patient Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Referring Doctor Information

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

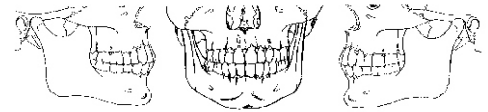
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- 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 (Included in Price)  Simplant Planner Sim, Spr (+\$10. Per Arch)  
 Invivo Viewer (+\$5. Inv)     Simplant Viewer (+\$10. Per Arch)

**Preferred Reproduction Format**

- Via Internet (included in price)     PDF Without Measurements Via Portal (\$3 per arch \$5 both)  
 PDF with Measurements Via Portal (\$5 per arch \$8 both)     Ortho (+\$10)     TMJ (+\$20)  
 CD (+\$15)     Prints (+\$25)     Radiological Report (+\$80)  
 Airway Assessment Radiological Report (+\$120)

**Processing**

- Same Day within 2 Hours +\$20  
 Dual Scan Procedure (Price Per Arch)     Maxilla (+\$120)     Mandible (+\$120)  
 Masking (Price Per Arch)     Maxilla (+\$60)     Mandible (+\$60)  
 Virtual Implant Placement (+\$145 for the first implant. +\$40 for each implant after)

Special Instructions: \_\_\_\_\_