

Patient Information

Name: _____ D.O.B: _____

Address: _____

Phone: _____ Cell: _____

Referring Doctor Information

Name (Print): _____ Signature: _____

Address: _____ Email: _____

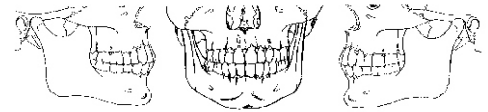
Phone: _____ Fax: _____

- 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 \$309 (for one arch or both)

Payment responsibility: Doctor Patient

Software

- Dicom /Blue Sky Free Viewer (Included in Price) Simplant Planner (+\$15 Per Arch .Sim.Spr.)
 Invivo Viewer (+\$15 Inv ortho, pano, tmj) Simplant Viewer (+\$15 Per Arch .Sma.)

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) Pano (+\$10)
 TMJ (+\$20) CD (+\$15) Prints (+\$25) Radiological Report (+\$90)
 Airway Assessment Radiological Report (+\$130)

Processing

- Same Day within 2 Hours +\$20
 Dual Scan Procedure (Price Per Arch) Maxilla (+\$130) Mandible (+\$130)
 Masking (Price Per Arch) Maxilla (+\$70) Mandible (+\$70)
 Virtual Implant Placement (+\$145 for the first implant. +\$40 for each implant after)

Special Instructions: _____