FACIAL IMAGING USA

CBCT Scan Referral Form

Tel: (800) 881-4432 | Fax: (516) 213-8912
scans@facialimagingusa.com | www.facialimagingusa.com

1. PATIENT INFORMATION

Patient name: _____ D.O.B.: _____

Address: _____

Phone: _____ Cell: _____

2. REFERRING DOCTOR

Referring Doctor name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

3. EXAM / INDICATION

☐ Implants ☐ TMJ exam ☐ Airway assessment ☐ Ortho

☐ Sinus exam ☐ Dental impaction ☐ Other _____

4. RADIOLOGICAL TEMPLATE

Is your patient coming with a radiological template to be scanned?

☐ Yes ☐ No If yes: ☐ Patient was trained to place template ☐ Doctor will be at scan site

5. REGION OF INTEREST

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

6. SELECT YOUR PACKAGE

☐ **BASIC PACKAGE** **$345**

- CBCT scan - one or two arches
- DICOM files
- Secure online portal access

☐ **PREMIUM PACKAGE** **$445**

Everything in Basic, plus:

- Radiological report
- PDF with measurements

☐ **COMPLETE PACKAGE** **$485**

Everything in Premium, plus:

- CD with scan files
- Printed images + UPS shipping

BASIC PACKAGE ADD-ONS

☐ PDF without measurements (+$3 one arch / $5 both) ☐ PDF with measurements (+$5 one arch / $8 both)

☐ Radiological report (+$125) ☐ Airway assessment radiological report (+$145)

MEDIA ADD-ONS (Basic & Premium only) ☐ CD +$20 ☐ Printed images +$40 ☐ CD + printed images +$50

ADDITIONAL SERVICES ☐ Ortho +$10 ☐ Pano +$10 ☐ TMJ +$45

7. SOFTWARE

☐ DICOM (included in price) ☐ Simplant Planner (+$15 Per Arch .Sim.Spr.) ☐ Invivo viewer (+$15, Necessary for Ortho, Pano, TMJ)

☐ BlueSkyBio (included in price) ☐ Simplant Viewer (+$15 Per Arch .Sma.)

8. PROCESSING

☐ Dual Scan Procedure - Maxilla (+$140) ☐ Masking - Maxilla (+$80) ☐ Rush Processing (within 2 hours) +$25

☐ Dual Scan Procedure - Mandible (+$140) ☐ Masking - Mandible (+$80)

9. SPECIAL INSTRUCTIONS

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_____

PAYMENT RESPONSIBILITY: ☐ Doctor ☐ Patient **Payment is due when services are rendered by cash or credit card.**

PLEASE REMOVE ALL METAL JEWELRY AT NECK LEVEL AND ABOVE.

Servicing New York, New Jersey, Connecticut, Pennsylvania, Maryland, Massachusetts, Virginia, New Hampshire, Rhode Island and Washington D.C.