

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:

- Radiology report
- PDF with measurements

☐ **COMPLETE PACKAGE** **\$485**

Everything in Premium, plus:

- CD with scan files
- Printed images + UPS shipping

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)
☐ 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

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.