

CBCT from an external source referral

*Patient's Name:

*Address:

*DOB: (mm/dd/yyyy).....

*Referring Doctor:

*Area scanned:..... *Field of View (FOV)

*Indication for scan *Report needed by:

History/notes

***Report Preference:**

1. Screening Report without images \$65
2. Screening Report with selected images \$90
3. Investigation/localization with Image Portfolio \$150
4. Implant with Image Portfolio (includes measurements)

Single Site	\$110
1 Quadrant	\$145
2 Quadrants	\$180
3 Quadrants	\$215
4 Quadrants	\$250

8	7	6	5	4	3	2	1	1	2	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	4	3	1	2	3	4	5	6	7	8

5. TMJ with image portfolio open & closed \$150 - additional views + \$20 each

Email only Email and Hard Copy + \$25 Rush case (processed within 48hrs) + \$35

Email address to send report to:

Email address to C.C :

Directions:

1. Fill and save the form with correct details
2. Upload this form together with the CT scan.