

Call (216) 663-2233 ext. 300 Fax (216) 663-2237
 Visit us 7165 E Pleasant Valley Rd, Independence, OH 44131

Referring Doctor _____ Phone _____
 Office Name _____ Office Phone _____
 Patient Name _____ Date of Birth ____/____/____

Email Raw CBCT files (DICOM)* to: _____

Mail DVD of Raw CBCT Files (DICOM)* (+\$7.50 charge) Include Reader (DVD only, no software required)

Mailing Address (DVD only): _____

*To view raw CBCT files (DICOM), you will need to download RealGUIDE (www.realguide.com) or equivalent software



SCAN PURPOSE

- Implant
- Dental Impaction
- Sinus Exam
- Pathology
- Endodontics
- Jaw Fracture
- Other _____

PATIENT INFO

- Does the patient have a denture? Yes No
 Does the patient need markers? Yes No

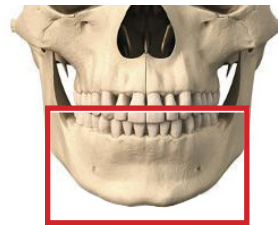
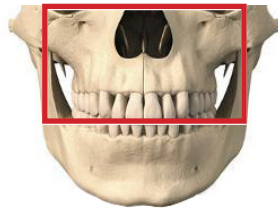
CT PLANNING

- No planning
- Doctor to plan case
- ROE to plan case

Note: Scan appliances are required if the patient is receiving 4+ implants, 50% of teeth include metal-based crowns, or patient is edentulous. Scan appliance design must be fabricated or approved by ROE. For more information, see www.roedentallab.com/recordsFAQ or call.

SCAN AREA

- Full Scan
- Isolated Upper Arch Scan
- Isolated Lower Arch Scan



EXAM COST

- \$150
- \$170 (single arch dual scan)
- \$191 (double arch dual scan)
- \$7.50 DVD charge (per disc)
If DVD is at Dr. request, billed to account.

PAYMENT OPTIONS

- Doctor pays
 - Patient pays (credit card only: VISA/Mastercard/American Express)
- We do not accept insurance.
 Taxes not included.

To schedule your appointment, call (216) 663-2233 ext. 300

Doctor's Signature _____ License # _____

Dr. Notes: