

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 Blue Sky Bio ([www.blueskybio.com](http://www.blueskybio.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

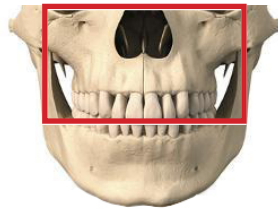
*Note: Scan appliances are required if the patient is receiving 4+ implants, 50% of teeth include metal-based crowns, or patient is edentulous. Scan appliance design must be fabricated or approved by ROE. For more information, see [www.roedentallab.com/recordsFAQ](http://www.roedentallab.com/recordsFAQ)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

### SCAN AREA

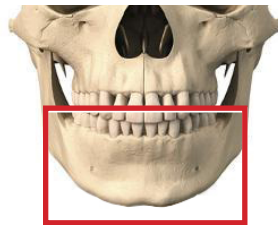
Full Scan



Isolated Upper Arch Scan



Isolated Lower Arch Scan



### EXAM COST

- \$150
- \$169 (single arch dual scan)
- \$188 (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: