

Patient: Please bring this prescription with you!
Doctor: Please keep a copy for your records.

Patient Information:

Referring Dentist: _____ Appointment Date: _____

Patient Name: _____ Patient DOB: ____/____/____ Patient Phone #: _____

Invoice: Patient
 Doctor

Delivery Options:
 Web Delivery
 Mail CD/Paper
 Rush (\$25)

Please provide ICD 10 Code(s) to help maximize reimbursement:

Estimated Cost: \$ _____
Primary _____ Secondary _____

CBCT Services: Includes Free Viewing Software and DICOM

- Cone Beam CT Scan
 TMJ Open/Closed Cone Beam CT Scan
Additional View: _____

Additional CBCT and Digital Services:

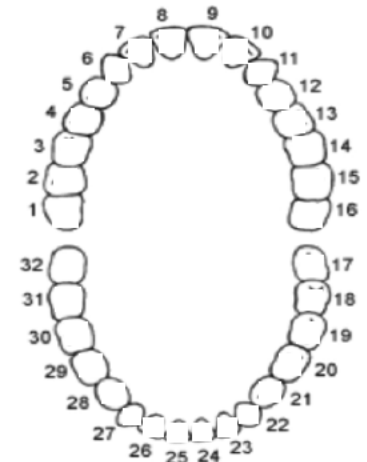
Print-Outs: Cross sectional print-outs *(Please mark teeth on tooth chart!)*

Radiologist Interpretation: *(Provide notes to radiologist in notes section)*

Virtual Implant Planning: *(Please mark teeth on tooth chart!)*

Default Software: Implant Concierge Other _____
Implant Brand _____

Digital Impressions for Surgical Guide Maxilla Mandible Both



Orthodontic Packages & Services:

Ortho Records: Includes Pano, Ceph, Tracing, Photos, and Digital Study Models
Tracing: _____

Cephalometric:
 Lateral A-P

Invisalign Records: Includes Pano, Photos, and Digital Impressions

Panoramic

Ceph Tracing:

Invisalign Digital Impressions

Composite 8 Photos

Carpal (Wrist)
Interpretation Yes No

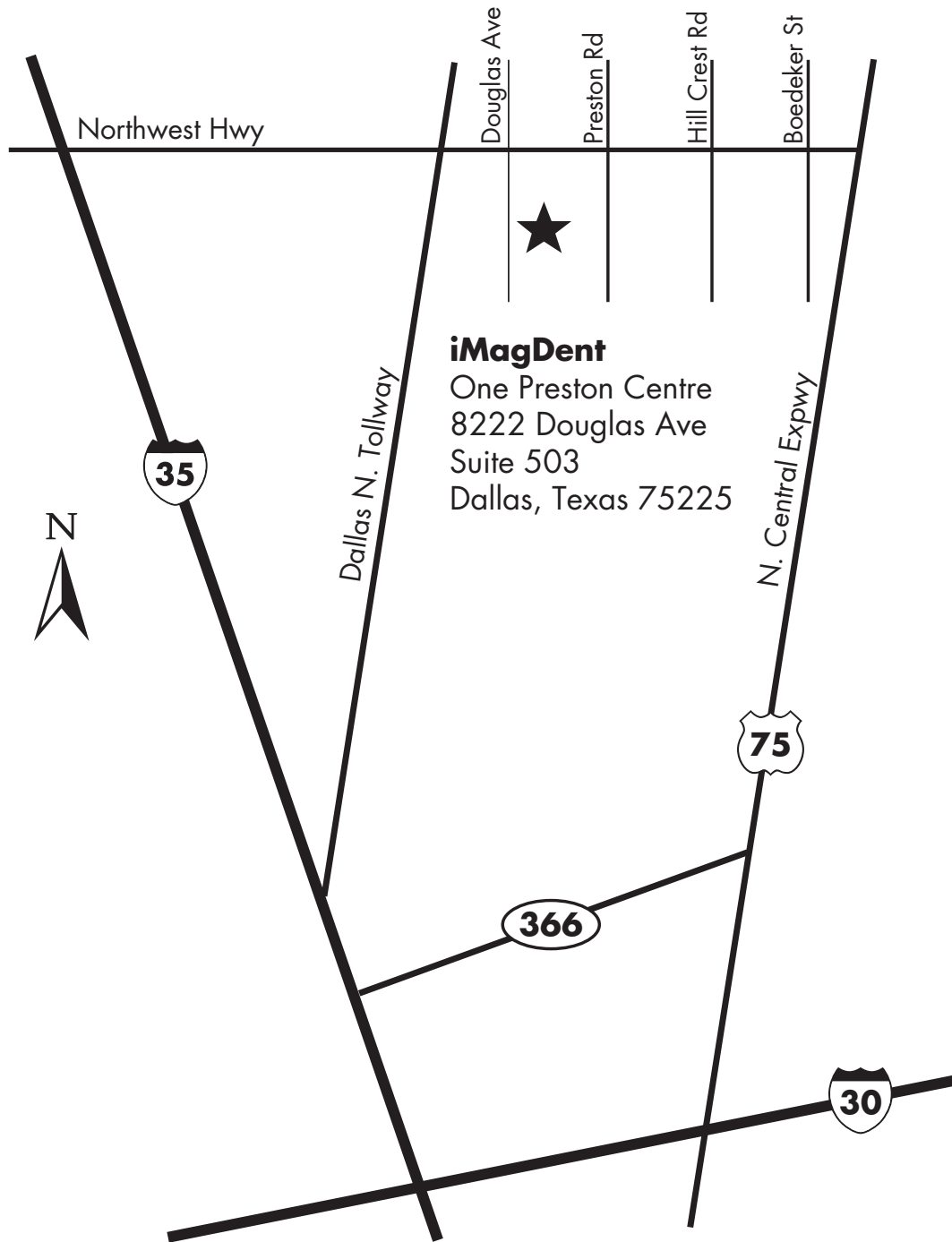
Digital Ortho Study Models
 Maxilla Mandible Both

Notes: Required for Radiology Interpretation

License #

Doctor's Signature:

Date: ____/____/____



From Dallas N. Tollway, exit at Northwest Hwy and turn east. Take your first right onto Douglas Avenue. iMagDent is located two blocks south on your left hand side.

From N. Central Expressway (US 75), exit at Northwest Hwy and turn west. You will pass through 3 intersections. After you cross through the light at Preston Rd, take your third left onto Douglas Avenue. iMagDent is located two blocks south on your left hand side.