

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

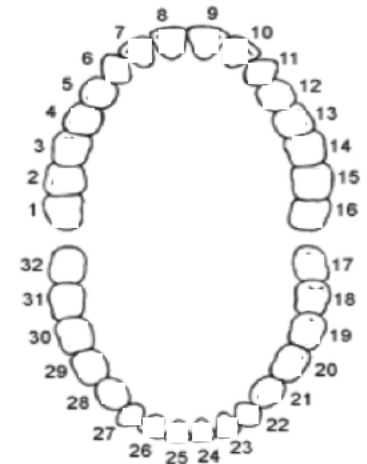
Delivery Options:
 Web Delivery
 Mail CD/Paper
 Rush (\$25)

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

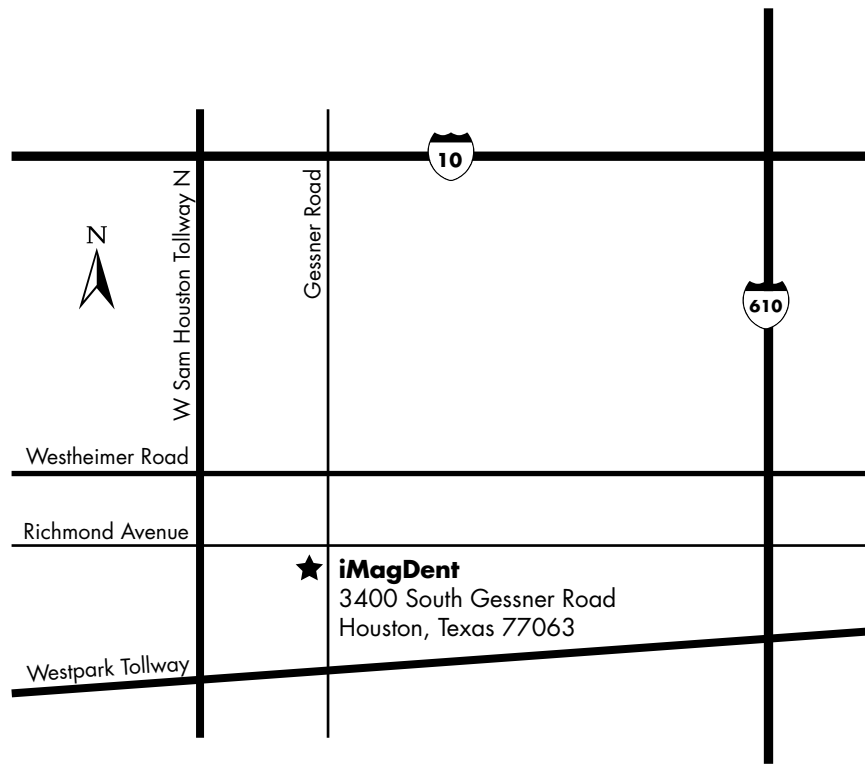
Digital Ortho Study Models
 Maxilla Mandible Both

Notes: Required for Radiology Interpretation

License #

Doctor's Signature:

Date: ____/____/____



From I-10

Heading either direction on I-10, exit at Gessner Road and go south. iMagDent will be on your right side just after you cross Richmond Avenue.

From Hwy 59

Heading either direction on Hwy 59, exit at Gessner Road and go north. Continue through several lights and drive under the Westpark Tollway. iMagDent will be on your left side just before Richmond Avenue.