

## SCAN

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_

FEE: \$350.00 Patient Scan

\$100.00 for separate scan of prosthesis for Nobel  
Guide (Procera Software)

AREA OF SCAN: ☐ Maxilla ☐ Mandible ☐ Both

Patient to wear Radiographic Guide: ☐ YES ☐ NO

Guide to be scanned separately: ☐ YES ☐ NO

Data Conversion:

☐ DICOM Multifile ☐ I-CAT VISION ☐ Both  
(for Simplant or Procera software) (with data conversion)

Patient to be given DATA DISK: ☐ YES ☐ NO  
(if no – please list mailing address)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date