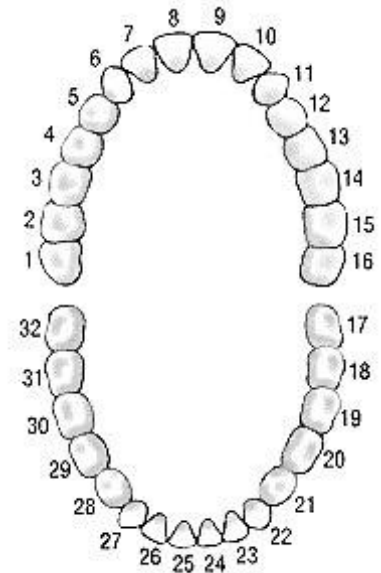


Patient: _____ DOB _____ Ph# _____

Doctor: _____ APPT: _____ Est. Fee \$ _____
Please Print

i-CAT Cone Beam CT Scan Studies

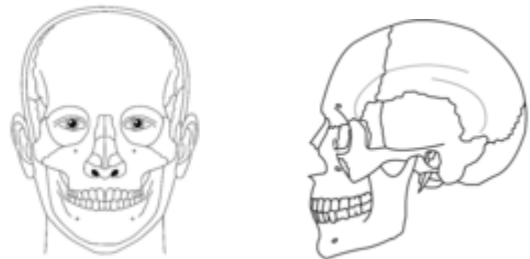
- i-CAT Standard Scan plus Virtual Implant Planning
 Implant Brand _____ Size _____
- i-CAT Standard Scan Package
- i-CAT Limited Scan Package
- i-CAT 3D Orthodontic Records Package
- i-CAT TMJ Scan (includes open and closed views)
- i-CAT Vision Scan Package
- i-CAT DICOM Scan
- i-CAT Progress Scan
- 3rd Party Implant Planning Assistance
 Planning Software _____
- Radiologist Interpretation** (additional fee)
- Airway/Sinus Image Scan**



Special Instructions (mark areas of concern)

i-CAT Additional Reports

- Invisalign® Records
- 2D Ortho Records
- Panoramic
- Lateral Ceph
- Ceph Analysis: Type _____
- Diagnostic Photographs



 Doctor's Signature

 License #

 Office Telephone