

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 CBCT Viewer to: \_\_\_\_\_  
 Mail DVD to: \_\_\_\_\_ With Reader



### 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? (+\$54) | Yes | No |

### CT PLANNING

- No planning
- Doctor to plan case
- ROE to plan case

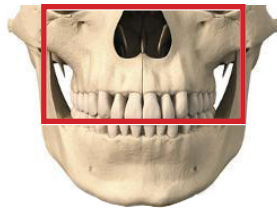
*Note: Scan appliances are required if the patient is receiving 4+ implants, 50% of teeth include metal-based crowns, or patient is edentulous. Scan appliance design must be fabricated or approved by ROE. For more information, see [www.roedentallab.com/recordsFAQ](http://www.roedentallab.com/recordsFAQ)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

### SCAN AREA

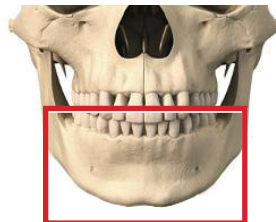
Full Scan



Isolated Upper Arch Scan



Isolated Lower Arch Scan



### EXAM COST

- \$150
  - \$150 + \$54 (markers)
  - \$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.

**To schedule your appointment, call (216) 663-2233 ext. 300**

Doctor's Signature \_\_\_\_\_ License # \_\_\_\_\_

Dr. Notes: