

## 3-D DIGITAL IMAGING

Today's Date:
Patient's Name:
Phone:
Images required by (date):
Referring Doctor:
Purpose of referral:
Hiossen Mini-residency (one guide must be dual scan)  BC Dental Implant Network Study Club (taught by Dr. Yeganegi)
Please check desired image (s): Panoramic CBCT
Upper Arch Lower Arch Both Arches Segmental (mark segment)
R 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
CD with viewer will be sent to your office within one week.  SINGLE ARCH \$110 DUAL ARCH \$220 (CONSULT FEE NOT INCLUDED)
Additional comments:
We will mail a hard copy of the CBCT Scan to this address ( <b>must be filled out</b> ):
*Patient or referring doctor must call us to book. Please email or fax referral slip in advance.  Office Stamp (Address & Phone #)

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