



# PATIENT CT PRESCRIPTION



## DOWNLOAD OPTIONS

- ☐ SECURE CLOUD BASED ACCESS  
☐ CD

## FORMAT

- ☐ SIMPLANT (WITH FREE VIEWER)  
☐ DICOM (WITH FREE PREXION VIEWER)  
☐ DICOM (FOR USE WITH ANY FULL VERSION SOFTWARE)  
☐ DOUBLE SCAN: ACRYLIC GUIDE WITH RADIOPAQUE MARKERS

## EXPOSURE OPTIONS

- ☐ BOTH ARCHES  
☐ IMAGE WITH SCAN APPLIANCE  
☐ TMJ INCLUDING COUDYLES  
☐ ENDODONTICS

# TOOTH NUMBER(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PATIENT

Name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_ Phone: \_\_\_\_\_

## DENTIST

Name: \_\_\_\_\_

NPI/ Tax ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ADDITIONAL SERVICES

- ☐ Radiology Report ☐ Surgical Guides  
☐ Surgical Stent

## PATIENT BOOKING

- ☐ Call Patient ☐ Call Dental Office  
☐ Patient will call us

## ADDRESS OF MEETING



\_\_\_\_\_  
\_\_\_\_\_

## DR. NOTES & SPECIAL INSTRUCTIONS



\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE & DATE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_