



877-722-6337
877.SCAN.DDS
contact@ddsscan.com
www.ddsscan.com

PATIENT CT PRESCRIPTION



DOWNLOAD OPTIONS

- SECURE CLOUD BASED ACCESS
- CD

FORMAT

- SIMPLANT
(IF YOU HAVE SIMPLANT SOFTWARE)
- DICOM + FREE PREXION VIEWER
(IF YOU DO NOT HAVE ANY SOFTWARE)
- DICOM
(USE WITH ANY FULL VERSION SOFTWARE)

EXPOSURE OPTIONS

- BOTH ARCHES (10X8)
- MAXILLA (INCLUDING SINUSES)
- MANDIBLE
- LARGE FOV (15X13)
- ENDODONTICS (5X5)
- IMAGE WITH SCAN APPLIANCE
- PANORAMIC 2D SCAN

ADDITIONAL SERVICES

- RADIOLOGY REPORT (+\$95)
- SURGICAL STENT
- SURGICAL GUIDE
- 3D MASKING (+\$70 PER ARCH)
 - MAXILLA MANDIBLE

TOOTH NUMBER(S)

PATIENT

Name: _____

DOB: __/__/__ Phone: _____

DENTIST

Doc: _____

Doc: _____

Phone: _____

Email: _____

PATIENT BOOKING

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

PAYMENT PREFERENCE

- Dental office will process payment
- Patient will process payment to DDSSCAN
- Charge Dental Office card on file

ADDRESS OF MEETING



DR. NOTES & SPECIAL INSTRUCTIONS



SIGNATURE & DATE

_____ / /