



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

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)

EXPOSURE OPTIONS

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

TOOTH NUMBER(S)

PATIENT

Name: _____

DOB: __/__/__ Phone: _____

DENTIST

Doc: _____

Doc: _____

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

_____ __/__/__