



Scan Processing Order Form

*** Please complete form and fax to (914)509-5737 ***

Patient Name: _____

Type of Scan: CT scan Cone Beam scan (ie: New Tom, Hitachi, i-CAT, etc...)
 Maxilla Mandible

Radiology Information

Radiology Facility: _____ Facility Phone: _____

Technician: _____ Email: _____

Referring Doctor Information

Doctor Name: _____

Doctor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Processing Services:

- NobelGuide – ADDS Processing..... \$150 per jaw
- SimPlant Processing..... \$150 per jaw
- SimPlant View Processing..... \$150 per jaw
- Implant Logic Processing..... \$150 per jaw

Optional Service:

- Masking for SimPlant \$50 per jaw

Delivery Method:

- Download from Facial Imaging website **
- CD
- Paper Prints
- ** please call (800)881-4432 to setup your web account **

Ship Processed Images to:

- Referring Doctor
- CT Site

Payment Information

*** Payment is due in full prior to processing ***

Credit Card
Visa / MC / American Express
Please fax credit card information

Check
Please mail check and form

Name on Card: _____

Credit Card #: _____ Expiration Date: _____

Authorization:

Name (Print): _____

Signature: _____ Date: _____

The above signed understands that any reformatted images provided by Facial Imaging, LLC are for the purpose of assisting the referring doctor and/or radiologist in diagnosis and presurgical planning and that Facial Imaging, LLC is not responsible for providing any interpretation of images or physician services such as diagnosis or treatment.