

# CONE BEAM CT PRESCRIPTION

345 E. 24th St. Suite 1A, New York, NY 10010

Please call 212.998.9430 or fax 212.443.1347 to schedule an appointment

## PATIENT MUST BRING THIS COMPLETED PRESCRIPTION TO THE APPOINTMENT

PATIENT INFORMATION	REFERRING CLINICIAN																																
Chart Number	Name																																
Last Name, First Name	Clinic or Office Address																																
Date of Birth MM/DD/YYYY	Contact Number																																
Contact Number(s)	Work E-mail																																
Females: Chance of Pregnancy? <input type="radio"/> Yes <input type="radio"/> No	Wheelchair Use? <input type="radio"/> Yes <input type="radio"/> No Aide must be present at appointment to assist																																
<b>SITE(S) OF INTEREST</b> <i>Please specify the tooth/teeth to be imaged</i>																																	
<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">3</td><td style="border: 1px solid black; padding: 2px;">4</td><td style="border: 1px solid black; padding: 2px;">5</td><td style="border: 1px solid black; padding: 2px;">6</td><td style="border: 1px solid black; padding: 2px;">7</td><td style="border: 1px solid black; padding: 2px;">8</td> <td style="border: 1px solid black; padding: 2px;">9</td><td style="border: 1px solid black; padding: 2px;">10</td><td style="border: 1px solid black; padding: 2px;">11</td><td style="border: 1px solid black; padding: 2px;">12</td><td style="border: 1px solid black; padding: 2px;">13</td><td style="border: 1px solid black; padding: 2px;">14</td><td style="border: 1px solid black; padding: 2px;">15</td><td style="border: 1px solid black; padding: 2px;">16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">32</td><td style="border: 1px solid black; padding: 2px;">31</td><td style="border: 1px solid black; padding: 2px;">30</td><td style="border: 1px solid black; padding: 2px;">29</td><td style="border: 1px solid black; padding: 2px;">28</td><td style="border: 1px solid black; padding: 2px;">27</td><td style="border: 1px solid black; padding: 2px;">26</td><td style="border: 1px solid black; padding: 2px;">25</td> <td style="border: 1px solid black; padding: 2px;">24</td><td style="border: 1px solid black; padding: 2px;">23</td><td style="border: 1px solid black; padding: 2px;">22</td><td style="border: 1px solid black; padding: 2px;">21</td><td style="border: 1px solid black; padding: 2px;">20</td><td style="border: 1px solid black; padding: 2px;">19</td><td style="border: 1px solid black; padding: 2px;">18</td><td style="border: 1px solid black; padding: 2px;">17</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
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32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																		
<b>INDICATION</b>																																	
<input type="radio"/> Implant Treatment Planning  <input type="radio"/> Radiographic/surgical implant index Patient must present with radiographic/surgical implant index at appointment	<input type="radio"/> Endodontics <input type="radio"/> Root fracture <input type="radio"/> Apical pathoses <input type="radio"/> Perforation <input type="radio"/> Canal anatomy <input type="radio"/> Apicoectomy Treatment Planning Other:																																
<input type="radio"/> Localization of Impacted or Supernumerary Teeth	<input type="radio"/> Dentoalveolar Trauma																																
<input type="radio"/> Evaluation of Temporomandibular Joints	<input type="radio"/> Jaw Pathology																																
<input type="radio"/> Craniofacial Anomaly / Cleft Palate/ Orthognathic Surgery	<input type="radio"/> Other - please specify																																
<input type="radio"/> Sinus Investigation																																	
<b>CLINICAL IMPRESSION</b>	<b>SPECIAL INSTRUCTIONS</b>																																
<b>MEDIA TYPE FOR CONE BEAM STUDY</b>																																	
<input type="radio"/> Viewer <input type="radio"/> Simplant® Planner <input type="radio"/> DICOM Data																																	
<b>FEE INCLUDES RADIOLOGIST REPORT</b>																																	
<input type="radio"/> <u>Less than one arch</u> <input type="radio"/> <u>Mandible</u> <input type="radio"/> <u>Maxillae</u> <input type="radio"/> <u>Both arches with/without cranium</u> <input type="radio"/> <u>TMJ(two or more exposures)</u> D0364 - \$200    D0365 - \$280    D0366 - \$280    D0367 - \$280    D0368 - \$300																																	
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<b>DATED</b>	<b>DATED</b>																																