GoScans

437 W. 125th Street, New York, NY, 10027
Tel: (646)827-9819

Patient name:

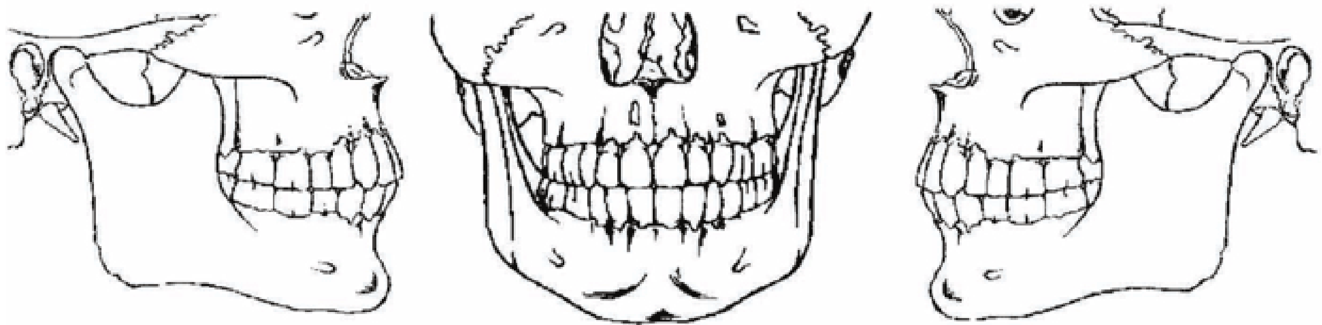
D.O.B.:

Phone number:

3-D CBCT Volumetric Imaging:

- ☐ Implants
- ☐ TMJ Exam
- ☐ Full Radiologist Reports
- ☐ Dental Impaction
- ☐ Oral Pathology
- ☐ Airway Assessment
- ☐ Endodontics
- ☐ Sinus exam
- ☐ Ortho
- ☐ Other

Please circle the Region of Interest (ROI)



Implants:

Implant area ☐ Mandible ☐ Maxilla ☐ Both

Is your patient coming with a radiographic template? ☐ Yes ☐ No

Indicate teeth of area of interest:

☐ i-CAT Vision ☐ Tx Studio

Other Services
- ☐ Surgical Guide
- ☐ Surgical 3D Model
- ☐ Radiographic Template

Ortho
- ☐ Panoramic
- ☐ Cephalometrics
- ☐ Cephalometrics Analysis
- ☐ Intra Oral Imaging

Preferred Reproduction format
- ☐ Cd ☐ Film
- ☐ Glossy Prints
- ☐ Internet download
- ☐ Email

Special Instructions:

Referring Doctor Name:

Phone number:

Email:

Address:

Signature____________ Date___/___/______