



15900 La Cantera Parkway, Suite 20260b, San Antonio, TX 78256
Tel: 210.267.2077 www.3DDentalSA.com

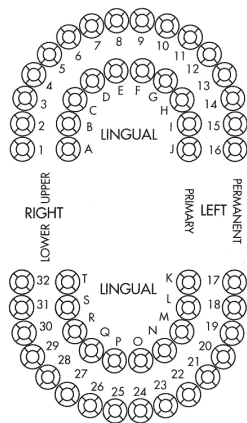
This is prescription. Please bring with you.

Doctor: _____
Patient Name: _____ Date of Birth: _____
Appt Date: _____ Appt Time: _____

Invoice: Doctor Patient

CBCT Services

- Basic CBCT Scan
with DICOM files - Viewed online or delivered
- CBCT Scan with DICOM files,
Cross Sectional Analysis, Pan-Viewed
online or delivered
- CBCT Scan with Virtual Implant Planning,
Intra-oral and Extra-oral Photos with
DICOM files - Viewed online or delivered



Additional Services

- | | |
|---|---|
| RADIOLOGY REPORT <input type="checkbox"/> | DIGITAL PHOTOS <input type="checkbox"/> |
| LATERAL CEPHALOMETRIC IMAGE <input type="checkbox"/> | PANORAMIC IMAGE <input type="checkbox"/> |
| FRONTAL CEPHALOMETRIC IMAGE <input type="checkbox"/> | CEPHALOMETRIC ANALYSIS <input type="checkbox"/> |
| SURESMILE PACKAGE-
Pan, Ceph, digital photos DICOM files
in Suresmile format <input type="checkbox"/> | INVISALIGN RECORDS-
Pan, digital photos and PVC impressions <input type="checkbox"/> |
| BASIC ORTHODONTIC RECORDS <input type="checkbox"/>
Pan, Ceph, digital photos and 3D Images | DIGITAL STUDY MODELS <input type="checkbox"/> |

Viewing Options

- | | |
|--|--|
| VIEW ONLINE <input type="checkbox"/>
Login and password | DELIVERED <input type="checkbox"/>
CD with viewing software |
|--|--|

Special Instructions

By signing below, I request 3D Dental to acquire CBCT images and have obtained authorization from the patient for these procedures.

Printed Name _____ Date _____

Signature _____ Email _____

***If the patient has removable appliance, should they wear it during the scan? YES NO

* 3D Dental is not licensed to diagnose or interpret the images produced from any scan. We strongly encourage doctors to request a radiology report by our Oral Radiologist.



15900 La Cantera Parkway, Suite 20260b, San Antonio, TX 78256
Tel: 210.267.2077 www.3DDentalSA.com

