Patient Referral Form

Imaging Services

ICAT **3D Image** (Burned to CD) ❑ $200
- ❑ *Visions File* ❑ *DICOM File*
- ❑ *Sending surgical stint for implant case*

ICAT **TMJ Reports** (Printed)
- *One Position* ❑ $200
- *(in c/o or closed on appliance)*
- *Three Positions (3 Scans)* ❑ $300
- *(closed, relaxed, wide open)*

ICAT **Implant Reports** (Printed)
- *One Site* ❑ $150
- *Additional Site* ❑ $ 50
- *Additional TMJ Report* ❑ $100

ICAT **Implant Jaw Survey** (Burned to CD)
- *One arch* ❑ *MX or* ❑ *MD* ❑ $200
- *Both Arches* ❑ $300

ICAT **Lesion Reports** (Printed)
- *One Site* ❑ $300

ICAT **Impacted Tooth Reports** (Printed)
- *One Site* ❑ $300

ICAT **Image for Ortho Records** (Printed) ❑ $250
- *Reconstructed pan, ceph, airway*

Obstructive Sleep Apnea ❑ $200
- *Due to Adnoids or Tonsils*

Ceph Analysis (Choose up to two) ❑ $ 45
- *Steiner, Macnamara, Mahoney*
- *Sassouni+, Ricketts, Holdaway*
- *Contact us if alternate analysis is preferred*

Radiology Report ❑ $110
- *Certified by Specialist in Maxillofacial Radiology*

"In 70% of cases studied, implant size was changed when CT images were added to the pre-treatment plan."

~ Journal of Oral Surgery, Oral Medicine and Oral Pathology

Patient Information

Name: _____

Phone Number: _____

Address: _____

_____

_____

Date of Birth: _____ ❑ Male ❑ Female

Is Pregnancy Possible? ❑ Yes ❑ No

Referral Doctor

Name: _____

Phone Number: _____

Address: _____

_____

_____

Signed: _____

Date: _____

Fees charged to: ❑ Patient ❑ Doctor

Doctor to fax to 250.868.2171
Patient to bring original

Appointment Info

Time: _____

Date: _____

Appointments subject to $40.00 cancellation fee

Dimensions Orofacial Digital Imaging

#100 - 2033 Gordon Drive Kelowna BC

250.718.DODI (3634)