



forms@OrthoDent3D.com • www.orthodent3d.com

Patient: _____ DOB: _____ Ph# _____
Date of Referral: _____ Referred by: _____
Appointment Date/Time: _____ Estimated Cost patient pay **OR** invoice office

OrthoDent 3D Imaging utilizes a HIPAA compliant online database, private to each of our referring offices. Please provide us with an email address so we can synchronize our share filing IF you have not yet supplied us with this information.

Implant/Restorative Studies

- 3D CBCT Scan (Raw DICOM data)
- Basic Formatting with Viewing Software
- Introductory Scan Package (Pano, Limited Cross Sectional Analysis, and Viewing Software)
- Virtual Implant Planning Scan Package (please check needed items):
 - CBCT scan for patient
 - CBCT scan for stone model
 - InVivo implant planning
 - iTero digital model scan
- Surgical Guide Scan Package with Virtual Implant Planning (please check needed items)
 - *surgical guide will be directly billed from Anatomage**
 - CBCT scan for patient
 - CBCT scan for stone model
 - InVivo implant planning
 - iTero digital model scan

Email address:

Implant Mandible (specify site, implant system and size)

Implant Maxilla (specify site, implant system and size)

Orthodontic/Surgical Studies/Photographic

- 3D CBCT scan (Raw DICOM Data)
- SureSmile CBCT scan Raw DICOM for upload to SureSmile
- Cephalometric (specify view – Lateral/PA) _____
- Panoramic _____
- Sextant Study (please specify) _____
- Lateral Cephalometric Tracing (please specify analysis) _____
- Photographic series – 8 view, all digital (3 Extraoral and 5 Intraoral)
- iTero scan (please check needed items) for Invisalign **OR** Other clear aligner companies **OR** Retainer Clear/SureSmile
 - iTero scan
 - Panoramic
 - Cephalometric
 - Photographic series (8 view, all digital, 3 extraoral and 5 intraoral)
 - Suresmile photographic series (8 pictures)

Special Studies

- Orthognathic Bioesthetic Institute (OBI)
- Texas Center for Occlusal Studies (TXCOS)
- Additional Review by Radiologist

***Please contact us for prescription forms for 3D Wired and Virtually Straight**

Comments:

Referring Doctor Signature (Required)

Texas Dental License #