

VALLEY DIAGNOSTIC IMAGING SERVICES

Olympic Building

Appointment for Diagnostic Imaging

Exam Date: _____ Check-in Time: _____

Patient Information:

Name: _____ Phone: _____ SSN: _____

Insurance: _____ Date of Birth: ____/____/____

Please bring this form and your medical and dental insurance billing information.

Physician Information:

Referring Doctor: _____ Phone: _____ Fax: _____

Next Appointment with the Doctor: _____

Planning Software Used: Simplant Nobel Guide VIP None Other: _____

Clinical:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 733.03 Evaluate for Disease Osteoporosis <input type="checkbox"/> 733.7 Evaluate for Disease Atrophy <input type="checkbox"/> 478.19 Pneumatization of the Sinus <input type="checkbox"/> 733.99 Evaluate for Foreign Body in the bone <input type="checkbox"/> 526.4 Inflammation of the Jaw (Abscess, Osteomyelitis, Sequestrum) <input type="checkbox"/> 521.4x - Evaluate for bone resorption | <ul style="list-style-type: none"> <input type="checkbox"/> 526.5 Alveolitis of the Jaw (Infection in the tooth socket) <input type="checkbox"/> 733.01 Osteoporosis, post-menopausal <input type="checkbox"/> 793.0 Abnormal findings on radiologic exam, head/skull <input type="checkbox"/> Other/Signs/Symptoms: _____ |
|---|--|

Exam Information:

Exam Ordered:

- CT Maxilla \$375
- CT Mandible \$375
- CT Mandible and Maxilla \$750

Will a dental stent be provided? Yes No

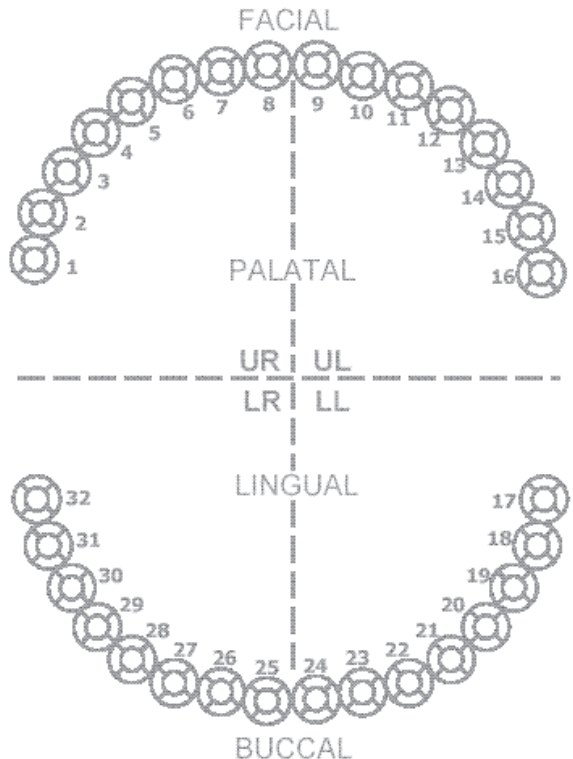
Report/ Image Preference:

Reports

- Phone Prelim report Fax Final report
- Fax Prelim report Mail/ Courier Final report
- CC to Dr: _____

Images

- DICOMM format CD Simplant CD
- Films Simplant CD w/1x Software (\$200 One-shot)
- Simplant View CD: _____
- Other: _____



Referring Doctor Signature: _____

