MOBILE 3D IMAGING

RX FORM

Serving Southern California

WEB: mobile3dimaging.com
PHONE: 800.985.9269
EMAIL: info@mobile3dimaging.com

REQUIRED FIELDS

Patient Information

First Name _____ Last Name _____ Date of Birth _____

Phone # _____ Patient expecting our call to schedule ☐ NO ☐ YES (inform patient of ***310*** area code calling)

Doctor Information

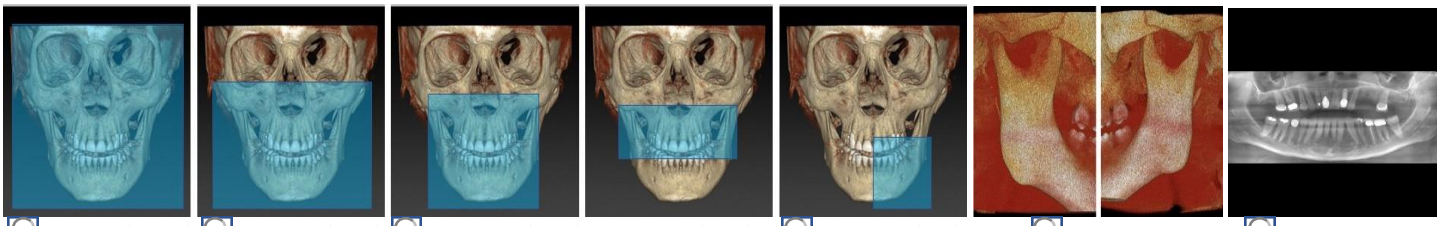
Doctor name _____ Office Name _____

Office Phone # _____ Email to receive downloadable link_____

Fees: **CBCT Scan, any size $245** **Panoramic Xray $115** **Radiology Report $85** **Prints $50**

- **Payment Responsibility at Time of Appointment by ☐ Patient or ☐ Doctor. Credit/Debit Card Only**
- **24-hour Cancelation Notice is REQUIRED or a $50 fee will be applied.**

Scan Information



☐ Complete(15x13) ☐ Wide Scan(15x8) ☐ Dual arches(10x8) Single arch(10x5) ☐ max ☐ mand ☐ Single Site (5x5) ☐ TMJ only ☐ Panoramic only

- **Bite:** ☐ open ☐ closed ***OPEN BITE REQUIRED FOR SURGICAL GUIDES***
- **Radiology report:** ☐ NO ☐ YES (add $85, 5-7 days turnaround)

All scans will be uploaded same day in your private, HIPAA compliant cloud folder provided by us. You will receive an email with a link to download the scan file containing the ***DICOM, the ***Interactive 3D Viewer*** and ***Instructions to use it****

OPTIONAL FIELDS

Mark if needed: ☐ cross-slicing PDF (24h) ☐ cross-slicing prints (add $50, 5 days) ☐ CD
☐ Dual Scan Protocol, with fiducial markers (scan 1: patient with appliance, scan 2: appliance)
☐ DICOM ☐ Email DICOM to 3rd party, email address _____

Special focus: ☐ Orthodontics ☐ Endodontic Surgery ☐ Sinus Assessment ☐ Sleep Apnea Study
☐ Implants _____ ☐ Other_____

Teeth / Area:

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐	11 ☐	12 ☐	13 ☐	14 ☐	15 ☐	16 ☐
32 ☐	31 ☐	30 ☐	29 ☐	28 ☐	27 ☐	26 ☐	25 ☐	24 ☐	23 ☐	22 ☐	21 ☐	20 ☐	19 ☐	18 ☐	17 ☐

Additional notes/requests _____

Authorization
Doctor signature: _____ Date: _____

*** **This form MUST be filled completely and either presented at the appointment, emailed to info@mobile3dimaging.com or filled/submitted online.*****