

877.722.6337
877.SCAN.DDS
contact@ddsscan.com
www.ddsscan.com



Patient CT Scan Prescription

Patient

Name : _____ D.O.B : _____

Dentist Info

Dentist Name : _____ NPI : _____

Phone : _____ Email : _____

Address : _____

Signature : _____ Date : _____

If you can not sign, Please download and install Adobe Acrobat Reader in your computer

Download Options

- ☐ Secure Cloud Based Access
☐ CD

Format

- ☐ SimPlant (With Free Viewer)
☐ DICOM (For use with any full version software)

Exposure Options

- ☐ Both Arches ☐ Image With Scan Appliance
☐ TMJ (Including Coudyles)

Additional Services

- ☐ Radiology Report ☐ 3D Masking (Please check teeth numbers)

Treatment Planing :

- ☐ Surgical Guides
☐ Surgical Stent

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| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
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Doctor Notes & Special Instructions