



www.image-3d.com

A 3-D Imaging and Implant Planning Center

4600 Highway 22, Suite 4

Mandeville, LA 70471

985.674.5200 985.626.0164 fax

- Referral Card -

Patients Name: _____

Appointment Date: _____ Time: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Referring Doctor: _____

Important Patient Information:

- Fees for these services are due at the time of appointment.
- Louisiana state law requires a written referral card to be presented at time of appointment.

3-D Cone Beam Volumetric Dental Imaging

IMPLANT: Arch Maxilla Mandible Both
Specific Site(s): _____

THIRD MOLAR:
Arch Maxilla Mandible Both
Site(s) Specific Site(s): _____

TMJ: Closed Only Open and Closed Close with Splint

PATHOLOGY: Arch Maxilla Mandible Both
Location/Working Dx: _____

ORTHODONTIC: Full Face 3D CT (13cm)

RADIOLOGICAL INTERPRETATION: By a Board-Certified Oral and Maxillofacial Radiologist (additional fee)

This service is highly recommended as a large volume of information is gathered using this particular type of imaging

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DIGITAL IMPLANT PLANNING

SURGICAL STENT FABRICATION

STEREOLITHIC (SL) MODELS

Special Instructions _____

Doctor's Signature _____

Date _____