

Please call 604-879-9449 to book your appointment & be sure to bring this form with you. Mastercard, Visa, Debit or Cash accepted as payment.

Referral Location: Vancouver Richmond Mobile | Bill Dr. Bill Patient Fee: _____
 Patient's Name: _____ Appt Date: _____
 Date of Birth: _____ Telephone: _____ Appt Time: _____
 Date Report Required: _____

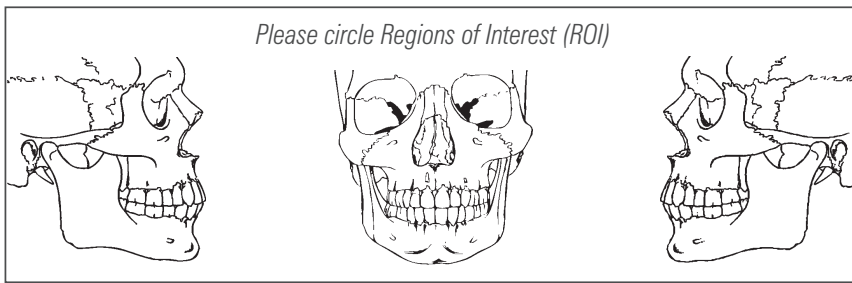
3D Cone Beam Computed Tomography (CBCT)

Field of View

Single Site (5cm x 5cm) Single Jaw Both Jaws Full Skull Double Scan Protocol

Reason for Scan: _____

Implant(s) / Graft Guided Surgery Orthodontic Sinus / Airway Endodontic TMJ Post Op Pathology



Radiology Report

Radiology Report Not Required

NOTE: By default, imaging files and reports are uploaded and available through the Orbit HIPAA-Compliant Cloud for one year from patient service.

3D Optical Scanning and Guided Surgery Tx Planning

Scan Stone Model: Max. Mand. Other
 Scan Wax Up: Max. Mand. Ortho Implant
 Optical Scan Patient: Max. Mand.
 Implant Tx Planning: Nobel Simplant Other

Digital Radiography

Pre-Op Initial Progress Final
 Panoramic
 Cephalometric Lat AP PA
 Tracing & Analysis
 Carpal Index

Special instructions / relevant clinical history: _____

Dr. Name: _____ Date: _____

Dr. Signature: _____

Dr. Email Address: _____

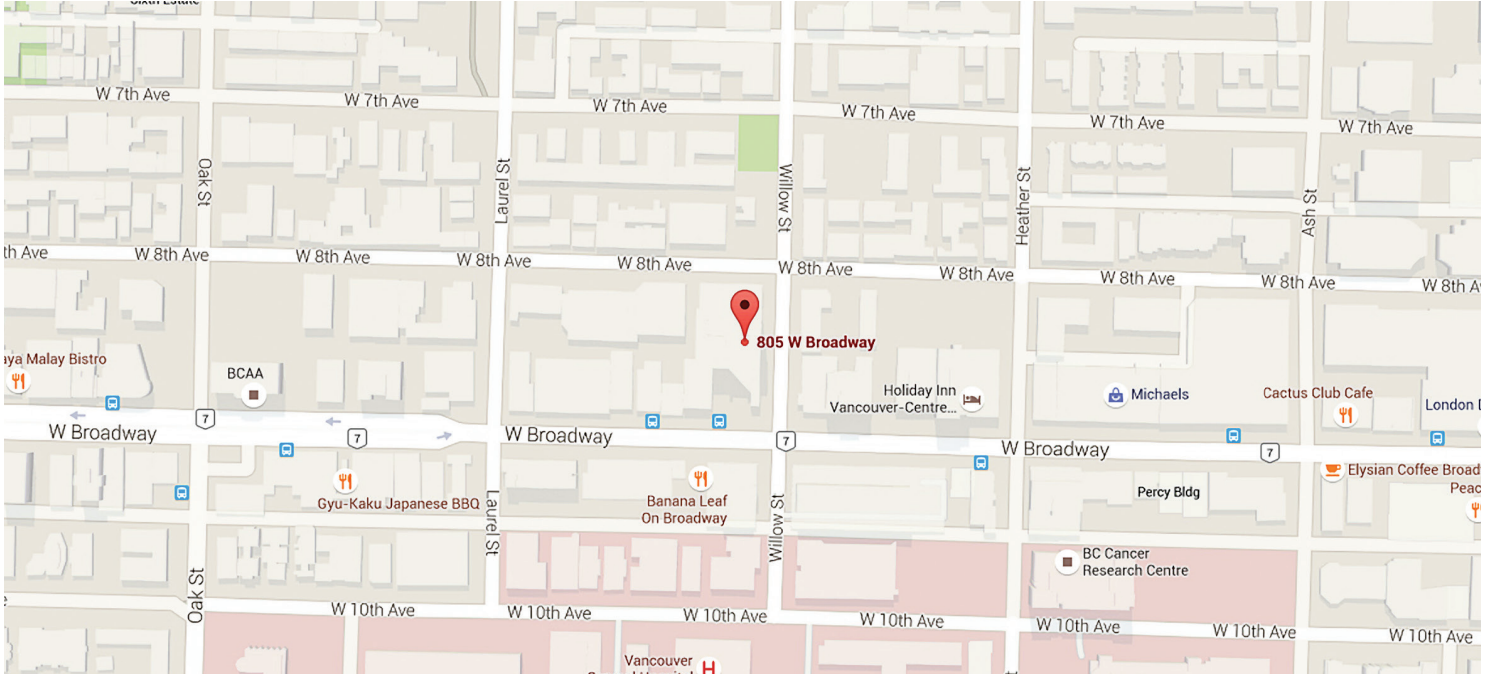
Digital Photography

Digital Photo Series
 Orthodontic Aesthetic
 Specify number of Images: _____
 Digital Duplication of Images

Orbit Imaging Centres (A division of 0598210 BC Ltd.)

Vancouver

805 West Broadway, Suite 500, Vancouver, BC V5Z 1K1 | tel: 604.879.9449 | fax: 604.879.9442



Richmond and Orbit Mobile CBCT

6051 Gilbert Road, Suite 106, Richmond, BC V7C 3V3 | tel: 604.879.9449 | fax: 604.879.9442

