ORBIT
ADVANCED IMAGING
FOR TEETH, FACE, JAWS & AIRWAY

PATIENT REFERRAL

SUITE #500-805 WEST BROADWAY
VANCOUVER B.C. V5Z 1K1
604-879-9449

Date:

REFERRING DOCTOR

First Name: **Last Name:**

Email:

Telephone Number:

Office Name and Address:

PATIENT INFORMATION

First Name: **Last Name:**

Date of Birth: mm/dd/yy **Sex:**

Email:

Telephone Number:

Special Instructions / Relevant History:

Bill Dr. or **Bill Patient** **File(s) Request By Date:**

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CONE BEAM COMPUTED TOMOGRAPHY

CBCT SCAN Digital Delivery with Viewer		ADDITIONAL SERVICES		
		Image Report*	Radiology Report	*Print & Deliver
Single Site	$262	$79	$169	$29
Single Jaw	$317	$119	$169	$42
Both Jaw / TMJ	$339	$139	$169	$42
Full Head	$339	$139	$169	$42
TMJ (open & closed)	$492	$139	$169	$29
Follow-Up (< 2 year)	$210	$139	$169	$29
Appliance Scan	$160			

Reason for Scan(s) / Instructions:

INTRAORAL SCANS

INTRAORAL SCAN Includes Upload to Lab / Invisalign		Implant Plan ($139 per jaw + $10 per site) Indicate site and implant system
Max	$95	
Mand	$95	

Reason for Scan(s) / Instructions:

DIGITAL 2D RADIOGRAPHY AND PHOTOGRAPHY

Panoramic	$84	
Cephalometric Shielding? YES NO	Lateral $59 AP $59 PA $59 Carpal $59	**Ceph Tracing / Analysis $75** Custom Choose From List
Clinical Photography	Standard Series $94 - 8 images Additional per Image $9 - please specify	
Print & Courier	$29	

Email completed referral form to info@orbitimaging.com

Referring Doctor's Signature

May 26 2023