



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:

#500 – 805 WEST BROADWAY. VANCOUVER B.C V5Z 1K1
www.orbitimaging.com 604-879-9449

Jan 29, 2024

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 Thyroid 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	Panoramic, Ceph, Photo composite \$11 per page		

Patient referral will remain active for 90 days from referral date unless cancelled or re-activated by referring dentist

Referring Doctor's Signature

Email completed referral form to info@orbitimaging.com

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