

Please mark the appropriate exam.

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="radio"/> CT Dental Implant Scan | <input type="radio"/> CT TMJ | <input type="radio"/> MRI TMJ |
| <input type="checkbox"/> Mandible | <input type="checkbox"/> Left | <input type="checkbox"/> Left |
| <input type="checkbox"/> Maxilla | <input type="checkbox"/> Right | <input type="checkbox"/> Right |
| <input type="checkbox"/> Both | <input type="checkbox"/> Bilateral | <input type="checkbox"/> Bilateral |

CD Requested

Surgical Guide

REQUIRED INFORMATION:

Do you use a software program for surgical implant planning,
—if Yes, please indicate software:

Yes Simplant Nobel BioCare Other _____

No

Exam Requested: _____

Diagnosis: _____

Patient Name: _____

LAST

FIRST

Date of Birth: _____ HT: _____ WT: _____ Phone: _____

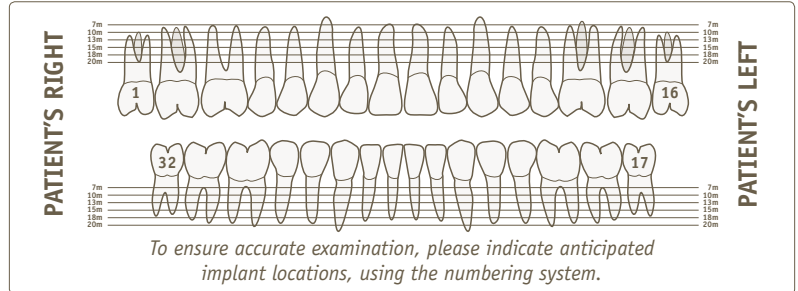
Insurance Co: _____ Auth #: _____

Referring Physician: _____ Work-related

Phone: _____ Fax: _____

CC Results to: _____ imaginghealthcare.com

Please indicate dental implants, bridges or metal located in patient's mouth.



Our Imaging Locations

Temecula Valley

Hancock Medical Center
25150 Hancock Avenue, Ste 105
Murrieta, CA 92562

Golden Triangle

Regents Medical Plaza
4150 Regents Park Row, Ste 195
La Jolla, CA 92037

Tri-City

3601 Vista Way, Bldg A, Ste 101
Oceanside, CA 92056

Hillcrest

150 W. Washington Street
San Diego, CA 92103

Encinitas

North Coast Health Center
477 N. El Camino Real, Ste A 102
Encinitas, CA 92024

Alvarado

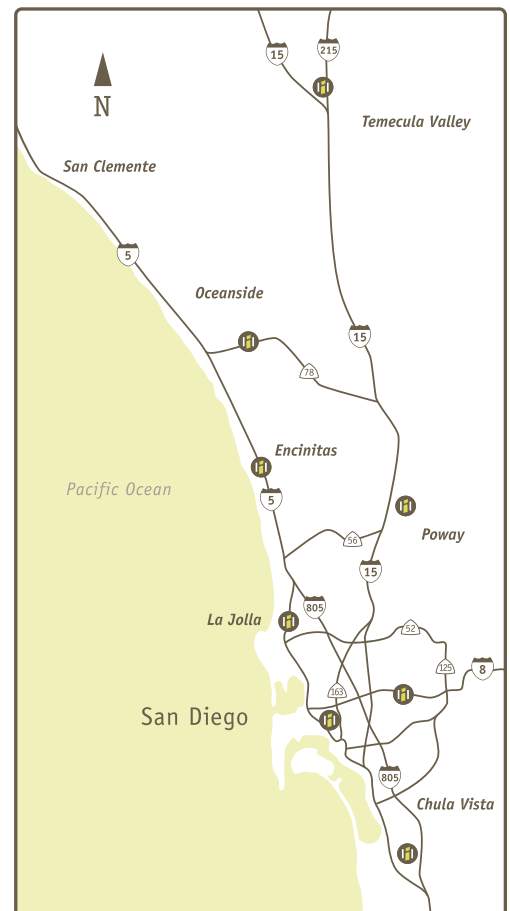
Alvarado Court Medical Building
6386 Alvarado Court, Ste 121
San Diego, CA 92120

Poway

12620 Monte Vista Road, Ste A
Poway, CA 92064

South Bay

Gateway
333 H Street, Ste 1095
Chula Vista, CA 91910



Please bring this form to your appointment.