

Please mark the appropriate exam.

- CT Dental Implant Scan CT TMJ MRI TMJ
 Mandible Left Left
 Maxilla Right Right
 Both Bilateral 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: _____

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

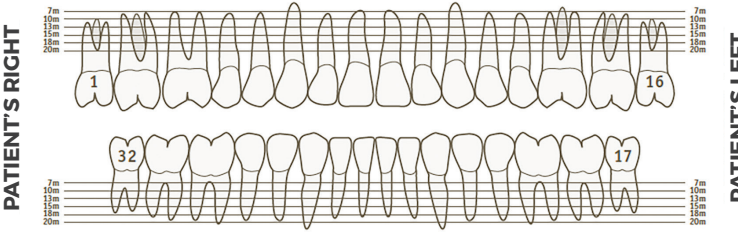
Insurance Co: _____ Auth #: _____

Referring Physician: _____ Work-related

Phone: _____ Fax: _____

CC Results to: _____ ImagingHealthcare.com

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



To ensure accurate examination, please indicate anticipated implant locations, using the numbering system.

Our Imaging Locations

- 1 Vista**
(Ultrasound Services Only)
1000 Vale Terrace Drive
Vista CA 92084
- 2 Oceanside (Tri-City)**
3601 Vista Way
Bldg A, Ste 101
Oceanside, CA 92056
- 3 Encinitas**
477 N. El Camino Real
Bldg A, Ste 102
Encinitas, CA 92024
- 4 Poway**
12620 Monte Vista Road
Ste A
Poway, CA 92064

- 5 La Jolla (Golden Triangle)**
4150 Regents Park Row
Ste 195
La Jolla, CA 92037
- 6 Kearny Mesa**
(MRI Services Only)
3939 Ruffin Road
Ste 102
San Diego, CA 92123
- 7 San Diego (Alvarado)**
6386 Alvarado Court
Ste 121
San Diego, CA 92120
- 8 Hillcrest**
150 W. Washington Street
San Diego, CA 92103

- 9 Logan Heights**
(X-ray/Ultrasound Only)
1809 National Avenue
Ste 2104
San Diego, CA 92113
- 10 National City**
(MRI, Mammography & Ultrasound Only)
2427 Transportation Avenue
National City, CA 91950
- 11 Chula Vista (South Bay)**
333 H Street
Ste 1095
Chula Vista, CA 91910

