



SUNSET

Oral & Maxillofacial Surgery

Imaging Order Form

Today's Date: _____

Appointment Date: _____

Patient's Name: _____

DOB: _____

Patient's Phone: _____

Referring Dr: _____

Referring Dr's Phone: _____

Dr's Email: _____

Reason for Scan

- TMJ open closed
- Implant; location: _____
- Pathology; location: _____
- Impacted tooth; location: _____
- Check IAN to roots; location: _____
- Surgical stent fabrication: _____
Specify protocol: _____

Additional Instructions

Scan to be taken with surgical stent in place?

- YES NO

Scan to be taken with cotton rolls separating teeth?

- YES NO

Other: _____

Scan Parameters

Height Derived

- Full Scan (13 cm)
- Both arches (8 cm)
- Single arch (6 cm)
 - Maxilla Mandible

Scan Resolution

- 0.2 voxel/14.7 sec
- 0.2 voxel/26.9 sec
- 0.25 voxel/14.7 sec
- 0.25 voxel/26.9 sec
- 0.3 voxel/4.8 sec
- 0.3 voxel/8.9 sec
- 0.4 voxel/4.8 sec
- 0.4 voxel/8.9 sec

Output

- ICAT Vision on CD
- DICOM single-file on CD
- DICOM multi-file on CD
- Other: _____

Delivery

- Give CD to patient
- Mail CD to doctor's office
- Other: _____

Requesting Provider Signature: _____

Disclaimer: The images acquired will not be evaluated for purpose of diagnosis or treatment by the doctors at Sunset Oral & Maxillofacial Surgery. The requesting provider assumes responsibility for the interpretation of the images as it pertains to diagnosis and treatment. The requesting provider hereby agrees that upon receipt of any images resulting from this referral, the referring dentist/doctor will have the images read by a licensed radiologist. The requesting provider further agrees to take full legal liability for the interpretation of any images provided by Sunset Oral & Maxillofacial Surgery as a result of this referral and does further agree to fully release and discharge Sunset Oral & Maxillofacial Surgery, its shareholders, directors, managers, employees, successors, and assigns from any and all liability arising out of the interpretation of the images or any follow up care given, or not given, to the patient as a result of said images.