

2410 SAMARITAN DR. STE 102 SAN JOSE, CA 95124

(408) 819-3199 FAX (408) 371-0462

Patient Name LAST _____ FIRST _____ DOB _____

Patient Phone HOME _____ CELL _____

Referring Doctor Print _____ Phone/FAX _____ / _____

Referring Doctor Signature _____

Insurance Information

Primary Insurance _____ Policy # _____

Policy Holder _____ Group # _____

Phone# _____

Secondary Insurance _____ Policy # _____

Policy Holder _____ Group # _____

Phone # _____

Does patient require pre-authorization? Yes No Authorization # _____

ICD9 _____ CPT Code _____

MEDICAL

- Sinus ♦Diagnostic
- Sinus ♦Pre Surgical Planning
- Temporal Bones
- Facial Bones
- Orbits

Report Delivery for Medical scans:

- FAX
- US MAIL
- FAX Wet Read
- Phone Wet Read

History/Pathology _____

DENTAL

- Both Arches
- Single Arch Maxilla **OR** Mandible
- Ortho 3D Survey
- TMJ Closed Open At Rest W/Appliance
- 5x5cm Localized area for Endodontics, Extractions,

Implants, Impactions, Single 3rd Molar:

Please indicate area below for 5x5 scan:

