



MICHAEL BELLIGOI
ORAL & MAXILLOFACIAL SURGEON

PRACTITIONER DETAILS AND DELIVERY ADDRESS

Name of Practitioner:
Practice name :
Address :
.....
.....
Telephone :
Email :

PATIENT DETAILS

Forename :
Surname :
Date of birth :
Telephone :

APPOINTMENT DATE : **TIME** :

2D IMAGING

- Digital Panoramic (OPG)
- Digital Cephalometric
- Ceph Tracing Report (3D)

OUTPUT

- FTP & Email
- CD (with viewer)
- Photo Paper

AREA OF INTEREST CBCT ONLY

- Mandible Maxilla Both Jaws

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

(If no teeth are selected the whole jaw will be scanned)

- Is the patient coming with a radiographic template? YES NO
- Radiographic template Denture marked Separate template
- Is the patient possibly pregnant? YES NO

CBCT OUTPUT

CD-ROM

FTP & Email

Photo paper

CBCT FORMAT

I-Cat Vision

CT Dent PACS

DICOM Files

Nobel Biocare

iDent

Romexis Viewer

(MAC OS and Windows)

Simplant Planner

Simplant OneShot

Simplant View

Simplant Lite

JUSTIFICATION FOR X-RAY

Implants

Bone Graft

Impacted Teeth

Endodontics

Sinus Exam

TMJ

Oral Pathology

Ortho

Airway assesement/Study

EXTRAS

Extra copy

Pathology Report

Radiology Report

SimPlant Express

Anatomical

3D Model

Patient to take CD

after scan Express

(I-Cat Vision & DICOM only)

PAYMENT :

Doctor

Patient

CLINICAL INDICATIONS :
.....
.....
.....
.....
.....
.....

Signature :

Date :