PRECISION DX

Mobile CT Scan Prescription Form

35246 US Hwy 19 N #324
Palm Harbor, FL 34684
Phone: 813-426-4911
Fax: 727-255-7227
www.PrecisionGuidedSurgery.com

EXAM DATE: _____ **Time:** _____

DOCTOR'S NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY, ST:** _____ **ZIP:** _____

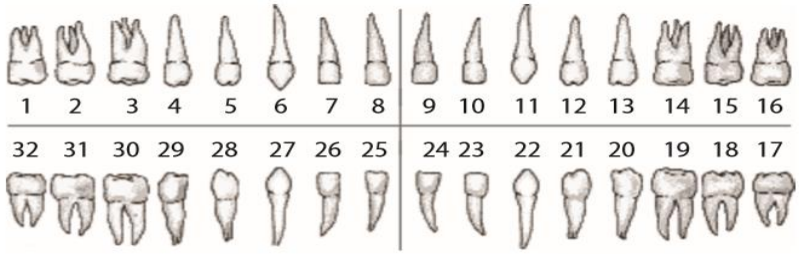
PATIENT'S NAME: ***(LAST)*** _____ ***(FIRST)*** _____

DOB: _____ **PRIMARY PHONE:** _____

ADDRESS: _____ **CITY, ST:** _____ **ZIP:** _____

EMAIL: _____

Please circle area of interest and indicate where the appliance is located *(if applicable)*.



WHAT WOULD YOU LIK SCANNED?:

❑ MAXILLARY ARCH ONLY ❑ FULL SCAN INCLUDES BOTH ARCHES WITH SINUS
❑ MANDIBULAR ARCH ONLY ❑ TMJ (OPEN, CLOSED, RESTING) ❑ OTHER _____
❑ DUAL SCAN PROTOCOL (NOT USING PGS SERVICE IS AN ADDITIOANL $125 FEE)

WILL THE DOCTOR NEED:

❑ Tx STUDIO VIEWER ❑ PRINTED CT SCAN REPORT *(ADDITIONAL COST)*
❑ DICOM Files ❑ PGS RADIOLOGY REPORT $100.00

PLEASE SCAN WITH *(PLEASE CHECK ALL THAT APPLY)*:

❑ APPLIANCE ❑ COTTON ❑ SITE REGISTRATION ❑ NONE

The CT Scan results are transferred to the doctor via email or dedicated USB drive to a verified email address.

DISCLAIMER: *The treating doctor acknowledges and agrees that the diagnosis, treatment, planning and interpretation of the CT scan are solely the responsibility of the treating doctor. The treating doctor waves, releases and discharges Precision DX from any and all claims relating to the diagnosis and treatment of the patient. Additional Tx Studio Viewer CD copies are $10.00 plus postage.*

Referring Doctor's Signature: _____

PATIENT IS AWARE: THAT PRECISION DX IS NOT AN INSURANCE PROVIDER

- ❑ HE OR SHE WILL BE CHARGED $50 FOR ANY CANCELLATIONS LESS THAT 48 HOURS.
- ❑ HE OR SHE WILL BE CHARGED $395 FOR NOT SHOWING UP FO AN APPOINTMENT.

A CONVENIENCE FEE OF $5 WILL BE ADDED FOR CREDIT CARD TRANSACTIONS

Credit Card # _____ Exp. Date: _____

Patient Signature _____

OFFICE USE: PATIENT ID # _____ REFERENCE CODE: _____