PENINSULA ORTHODONTICS
DR. STEVEN REESE

(757)249-4203
401 Oyster Point Rd, Suite D
Newport News, VA 23602

iCAT Imaging Center
Contemporary 3-D Guided Orthodontic Treatment

Patient Name: _____ **Telephone:** _____

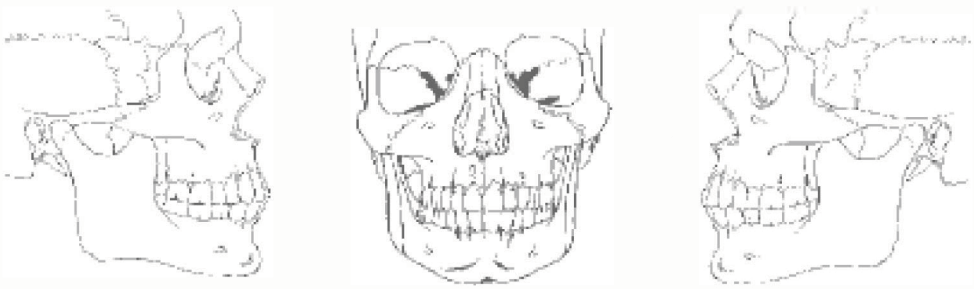
Date of Birth: _____ **Appt. Date:** _____

Referring Dr. : _____ **Appt. Time:** _____

3-D Cone Beam Volumetric Imaging

This service includes one CBCT imaging session, image file complete with image viewer on a compact disc media.

Please circle Region of Interest (ROI)



Other Services (Check as many as needed, an additional charge applied for additional services)

- ◊ **Orthodontic tracing**
- ◊ **NobelGuide Conversion**
- ◊ **Radiology Report**
- ◊ **Simplant Conversion**
- ◊ **Maxillofacial Surgical Records**
- ◊ **Airway Assessment Report**
- ◊ **Additional Printed Reports (specify number)**

Special instructions:

_____

_____

Dr. Name: _____

Date: _____ **Dr. Signature:** _____

Please initial here _____ **if you want the scan read by a radiologist (an additional charge applies and the report includes a pathology screening of the scanned region of the head and neck area).**