

Dental CT Order Form

Mass General Imaging - Waltham
40 Second Avenue, Waltham, MA
Phone: 781-487-6020
Fax: 781-487-6130

Mass General Imaging - Chelsea
80 Everett Avenue, Chelsea, MA
Phone: 617-887-3500
Fax: 617-887-3580

To order a Dental CT, please select a location above, fax this form, then call to schedule.

Check here and fax order form to have MGH Imaging contact the patient directly to schedule appointment.

Please choose how we should provide you with a confirmation:

Fax: _____

Phone: _____

Ordering Dental Clinician

First name: _____ Last name: _____

Gender: _____ Date of Birth: (mm/dd/yyyy) _____ Email: _____

Street Address: _____

City, State: _____ Zip code: _____ Phone: _____

Clinician signature: _____ Date: (mm/dd/yyyy) _____

Patient Information

First name: _____ Last name: _____

Gender: _____ Date of Birth: (mm/dd/yyyy) _____ Email: _____

Street Address: _____

City, State: _____ Zip code: _____ Phone: _____

Dental CT *(Patient self pay only)*

Exam Requested *(Check one box)*

- Maxilla (Single arch - upper)
 Mandible (Single arch - lower)
 Maxilla and mandible (Both arches)

Preferred Digital Format *(Check one box)*

- Simplant View CD (Free version)
 Simplant CD
 Simplant Pro CD
 Simplant Email: _____
(Please provide email address)
- Simplant Pro Email: _____
(Please provide email address)
- BMI CD
 Nobel Biocare CD Check here if patient will bring dental
appliance/guide to wear for scan

Medical CT

Clinical diagnosis: _____

Extraction study

Insurance provider: _____

Policy number: _____

Preauthorization #: _____
(If required)

Name of guarantor: _____
(If patient is under 18)

Give patient CD with CT images *(Not Simplant)*

Implant studies are for surgical planning only. No radiological review will be provided. Consultations available on request from MGH Neuroradiology by calling **617-726-8320**.