

ICAT Referral Form

Referring Doctor Name: _____

Patient Name: _____

Patient Contact Phone Number: _____

Type of Exam Requested:

High resolution scan with CD (Includes IVision software) – this scan can be used for implant planning software without radiographic stent.

High resolution scan with radiographic stent : Please request single scan with stent (for Materialise software) or double scan (for Nobel guide or IDent planning software)

Low resolution scan for detection of impacted teeth, TMJ evaluation, or other pathology evaluation

Please email this form and have patient call 504-833-3368 to schedule an appointment.

Please include address which can be used to mail cd with scan.

If you have any questions please call us at 504-833-3368