



NAME: _____ Date: _____

DOB: _____ Age: _____ SEX: M F Doctor: _____

What complaints or symptoms lead you to seek medical attention: _____

How long have you had these symptoms? _____ Have the symptoms changed? Yes No

Are you being treated for any other medical problems? If so, please list: _____

Are you currently taking any medications? Yes No If so, please list: _____

Any chance of pregnancy: Yes No N/A

Have you had previous Dental CT Scan(s): Yes No

If Yes, When: _____ Where: _____

Have you ever received radiation treatment? Yes No or Chemotherapy? Yes No

Did your doctor provide you with a stent / appliance to wear during your scan? Yes No

Do you wear removable dentures? Yes No

Do you wear partials? Yes No

**This Dental Scan is Not Covered by Medical Insurance.
Payment Must Be Made at Time of Service.**

STAFF USE ONLY:

Comments:



WAIVER OF LIABILITY

Your procedure today includes:

Maxilla Mandible Both

A CT scan for dental implant treatment is rarely covered by medical or dental insurance. We utilize a special processing technique that enhances use for the dentist, which is not covered by any insurance. If you would like to submit your invoice for the CT scan to your insurance company, the proper insurance coding is listed on the invoice you will receive by mail. If covered to any extent, reimbursement will be made directly to the patient. Payment for the CT scan must be made in full by the patient at the time of service. Cash, Check, Visa, Master, or American Express is accepted.

For your information, NYU Department of Radiology is able to provide you with additional or duplicate studies, should you require. Please realize not all dentist use the same technology. Check with your dentist to insure proper additional study is purchased. The fees for respective studies are:

Implant CD, Zip Disc, Email Study: \$50.00 / jaw

Implant Film Study: \$15.00 / sheet / jaw (Not to exceed \$150.)

Archived Implant CD, Zip Disc, Email Study: \$75.00 / jaw
(Greater than 1 year. Not recommended for treatment planning)

Nobel BioCare/Teeth in an Hour - Double CD: \$30.00 / jaw

Siemens DentaScan, VIP™, BTI Dental™ CD: \$15.00 / jaw

Siemens DentaScan Film: \$15.00 / sheet / jaw (Not to exceed \$150.)

I have been notified by NYU Department of Radiology that I am responsible for payment in full for the above study, and that there are charges for additional studies should I require one in the future.

Signature of Patient: _____

Date of Service: _____

Account #: _____

NYU Radiology Staff Signature: _____