

Referral Form

CT Scan AMA/CPT: 70486

MobileCAT™

Mobile CT scan center

P: 770.841.3048

F: 678.802.1867

Patient: _____ Age: _____ DOB: _____

Phone: _____ Cell Phone: _____

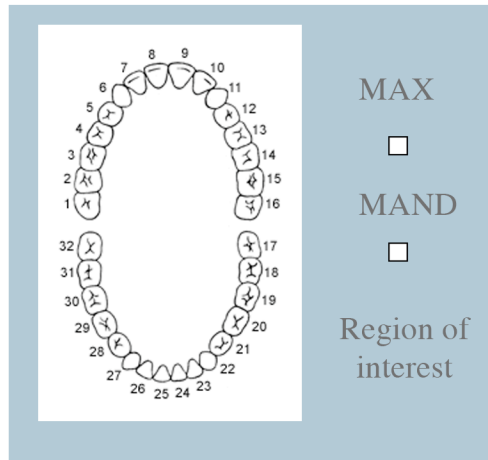
Date: _____ Doctor Name: _____

Doctor phone _____ Office contact: _____

Parent's Name (if minor) _____

Diagnostic Exam

- Basic Scan \$375.
- Radiology Report \$70.
- Full Arch Simplant Conversion \$105.
- Follow up scan.... \$135.



Case Plans:

- Simplant
- Nobel Procera
- IL
- Keystone
- Other:

Case Planning Pricing:

Quad: \$125.
Single Arch: \$250.
Dual Arch: \$500.

Total Due: _____

Call us today to schedule an appointment.