PATIENT REFERRAL

MobileCAT
One Scan. Multiple Possibilities

Patient Name: _____

DOB: _____ Patient Phone: _____

Dentist Name: _____

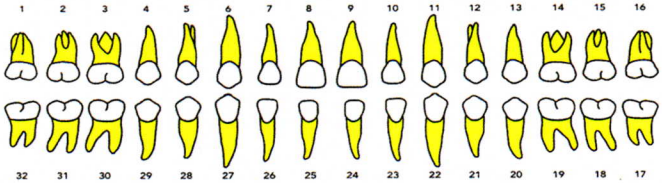
Dentist Email: _____

Dentist Phone: _____ Office Contact: _____

Call **(770) 841-3048** to schedule an appointment

CASE TYPE: ☐ Implant ☐ Impaction ☐ Supernumerary ☐ Nasal/Pharyngeal

☐ Sinus Evaluation ☐ TMJ & Airway Evaluation ☐ Lateral Ceph ☐ Other: _____

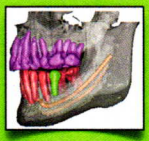


Max ☐

Mand ☐

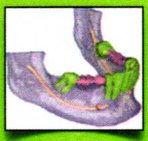
Indicate Tooth Number(s) or Arch(es)

DUAL ARCH



○ **$395** CD or Email
○ **$415** 3DDX Conversion

SINGLE ARCH



○ **$315** CD or Email
○ **$345** 3DDX Conversion

QUADRANT

○ **$315** 3DDX Conversion

RADIOLOGY REPORT

○ **$80** PDF Report

Total Amount Due: $_____

- **We DO NOT accept Insurance, Care Credit or HSA/FSA CARDS without a chip.**
- Accepted methods of payment are Cash, Credit/Debit card, Money Order/Check made payable to "MobileCAT, LLC".
- $50.00 deposit required to schedule an appointment and will be **applied to the balance**, which must be paid upon completion of the scan. 24 hours notice is required for cancellation or the deposit is forfeit, unless the appointment is rescheduled. Please scan QR code or call to request text link to pay deposit.