



**MASSACHUSETTS  
GENERAL HOSPITAL**

**IMAGING**

**3-D Imaging Service  
55 Fruit Street – Gray Room 267C  
Boston, MA 02114  
Telephone: (617) 724-3667  
Fax: (617) 643-2992**

**INSTRUCTIONS FOR DENTIST TO REQUEST A  
SIMPLANT COPY FROM THE 3-D LAB**

Dentists who call for duplicate exams must fax the following information on their letterhead before the request will be processed:

- Patient name
- Date of birth
- MGH Medical Record Number (if available)
- Date of the exam
- Version of the Simplant (e.g. Simplant Pro or Simplant 7 or above)
- Media to be mailed (e.g. CD, DICOM CD, prints)
- Mailing address, if different than that on the letterhead.
- Exams will be mailed via FedEx. Please call the Lab at the above number to provide a FedEx account number or credit card number.

Please contact the MGH 3-D Lab with any questions regarding requests for Simplant copies.

**Please fax this form back to the 3D Imaging Lab at 617-643-2992, thank you.**