



- Mass General Imaging - Waltham**
40 Second Avenue, Waltham, MA
Phone: **781-487-6020**
Fax: **781-487-6130**
- Mass General Imaging - Chelsea**
80 Everett Avenue, Chelsea, MA
Phone: **617-887-3500**
Fax: **617-887-3580**

To order a Dental CT, please select a location above, fax this form, then call to schedule.

Check here and fax order form to have MGH Imaging contact the patient directly to schedule appointment.

Please choose how we should provide you with a confirmation:

Fax: _____ Phone: _____

Ordering Dental Clinician

First name: _____ Last name: _____
 Street address: _____
 City, State: _____ Zip code: _____ Phone: _____
 Clinician signature: _____ Date: _____

Patient Information

First name: _____ Last name: _____
 Male Female Date of birth: _____ Email: _____
 Street address: _____
 City, State: _____ Zip code: _____ Phone: _____

Dental CT *(Patient self pay only)*

Medical CT *(Billed to patient's insurance)*

- Exam requested** *(Check one box)*
- Maxilla (Single arch - upper)
 - Mandible (Single arch - lower)
 - Maxilla and mandible (Both arches)
- Preferred Digital format** *(Check one box)*
- Simplant View CD (Free version)
 - Simplant CD
 - Simplant Pro CD
 - Simplant Email: _____
(Please provide email address)
 - Simplant Pro Email: _____
(Please provide email address)
 - BMI CD
 - Nobel Biocare CD Check here if patient will bring dental appliance/guide to wear for scan

Clinical diagnosis: _____
 Extraction study
 Insurance provider: _____
 Policy number: _____
 Preauthorization #: _____
(If required)
 Name of guarantor: _____
(If patient is under 18)
 Give patient CD with CT images *(Not Simplant)*

Implant studies are for surgical planning only. No radiological review will be provided. Consultations available on request from MGH Neuroradiology by calling **617-726-8320**.