



IMAGING SERVICES REFERRAL SLIP

Please complete this form in its entirety.
To obtain imaging services, this referral slip MUST be complete.

1 Dr. _____ is referring patient
_____ for imaging facility services
(Patient's name)
on _____
(Anatomical Location)
for _____
(Diagnosis)

Dr. _____ agrees to have the images read by a medical or dental radiologist, take full
(Referring doctor's name)
responsibility for the radiological interpretation of the images and hold Voxel Imaging USA harmless in the event the images are not read by a medical or dental radiologist or the appropriate follow-up is not given to the patient. Imaging facility services means CT imaging services which are limited to the head and neck region and limited to CT imaging with no contrast. In order for these services to be provided, the referring healthcare professional agrees to the provisions of the imaging services referral slip. It is mandatory that the referring healthcare professional sign and date below.

2 **Would you like Voxel Imaging USA to obtain an official radiology report?** **Yes** **No**

3 **Which file format(s) do you prefer?**

- i-CAT Vision *(allows viewing of the complete scan)*
- Materialise SimPlant Planner *(.sim) (Noise removed & 3D masks included)*
- Materialise SimPlant One Shot *(allows one complete implant treatment plan and order SurgiGuide at additional cost)*
- DICOM Files for: Nobel Guide VIP™ Other: _____
- Cephalometric images only • delivered in .JPG format at 96 dpi

4 **Additional Radiographs:**

- Panoramic (.JPG)
- TMJ x 4 (.JPG)
- Sinus (.JPG)

5 **How do you want to receive the images?**

- Internet (FTP)
- CD-ROM
- Mailed
- Give to Patient
- FedEx *(\$20.00 additional)*

Is the scan to include a Scannographic stent or Radiographic guide? **Yes** **No**

6 _____
Signature *Date*

Print Name *Email Address*