



PLEASE COMPLETE SECTIONS 1 – 6

**1** PATIENT NAME \_\_\_\_\_  
 PATIENT DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ PATIENT PHONE \_\_\_\_\_  
 DOCTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

**2** **CBCT SCAN OPTIONS**

Guided Surgery  
           Upper  Lower  Both

Endo  Specific FOV \_\_\_\_\_ x \_\_\_\_\_  
 TMJ  
 Post-Op

**3** **EDENTULOUS or NEARLY EDENTULOUS implant patients only**  
 Do you have a Conventional Scanning Appliance?  
 Yes  
 No (*Please contact Implant Solutions at 1-800-995-0626*)

**4** **IMPLANT/ENDO CASES – PLEASE CHECK TOOTH LOCATION**

**5** All scans are submitted for Radiology reports (\$100 additional charge) unless the prescribing doctor selects to opt out. Select below if you choose to decline the radiology report and accept full responsibility for the diagnosis of the scan.

Decline Radiology Report

**6** DOCTOR SIGNATURE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

### **Doctor Referral Instructions:**

1. **Fill out** Prescription Form for CBCT Imaging (other side)
2. **Fax** to 715-387-4100 or **Email** to pictures@dentalcrafters.net
3. **Call in** the referral to schedule appointment by contacting (715) 387-2642.

### **Limitation of Liability**

Dental Crafters, Inc. is liable as a supplier of products and services. Since the circumstances in which these products are ordered and used are under control of the Clinician/Customer, the latter recognizes his responsibility for these circumstances. On these grounds the remedies of the buyer are limited as follows: Under no circumstances an indemnity can be grounded on indirect damages such as, but not limited to, loss of revenue, increase of expenses, disturbance of planning, loss of customers or goodwill, loss of benefits or expected savings or any other financial or commercial losses which are not a direct and immediate consequence of a shortcoming of Dental Crafter, Inc. in its obligations.

The customer understands that Dental Crafters, Inc. is not responsible for the surgical placement of implants, interpretation of data and treatment outcome for the patient. The customer hereby represents and warrants that he has requested and received the duly informed consent of the patient to use its private and medical information during the ordering and delivery process of the services and products offered, in compliance with all applicable laws, including any applicable privacy regulations. Customer agrees to control the conformity of any delivered product with his order, before using it. Should buyer omit to perform such control or decide to nevertheless use a non conformable product or service, he/she frees Dental Crafters, Inc. from any liability for the consequences of the use of such product or service.

I hereby request to work with Dental Crafters, Inc. utilizing their CBCT Scans according to my pre and post-operative surgical plans. I declare having the qualifications required by law to perform the planned intervention and take full medical responsibility for the design and the application of all treatment planning services and/or surgical guide products. I further declare agreement to the limitation of liability listed above.