



Your doctor has recommended that you have an i-CAT® cone beam CT scan to assist in your treatment planning. This scan will be performed at:

Croall Radiography, Inc.

5150 Graves Ave., Building 8, Suite D

San Jose, CA 95129

appointments: 408-446-9729

(map and directions on reverse)

Patient name: _____

Appointment date: _____ Time: _____

Doctor: _____

Instructions: _____

- Implant TMJ Other Radiology Report

The fee for the scan is payable by credit card at the time your appointment is made. Croall Radiography is not affiliated with any insurance provider, but we will provide you with dental (ADS) and/or medical (HCFA-1500) claim forms that you may submit to your insurance carrier for reimbursement.

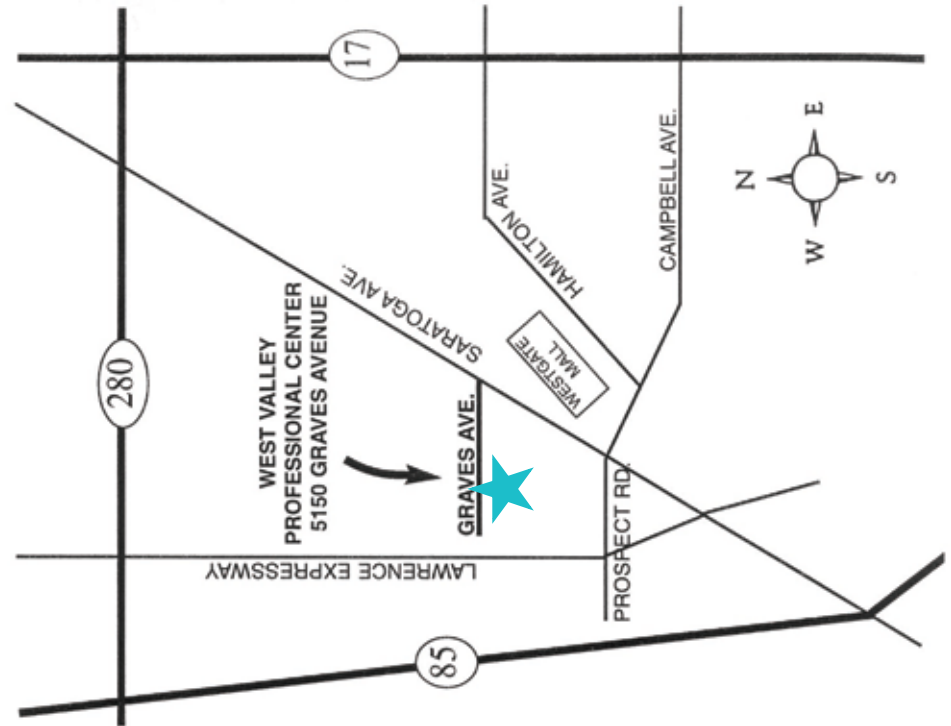
This appointment time is reserved exclusively for you. A fee of 50% will be charged to your credit card for missed appointments and for appointments that are rescheduled or cancelled with less than 24-hours notice.

Please allow approximately 30 minutes for your appointment. If your doctor has provided you with an appliance to wear during the scan, please make sure you bring it with you and inform the technician before the scan is taken.

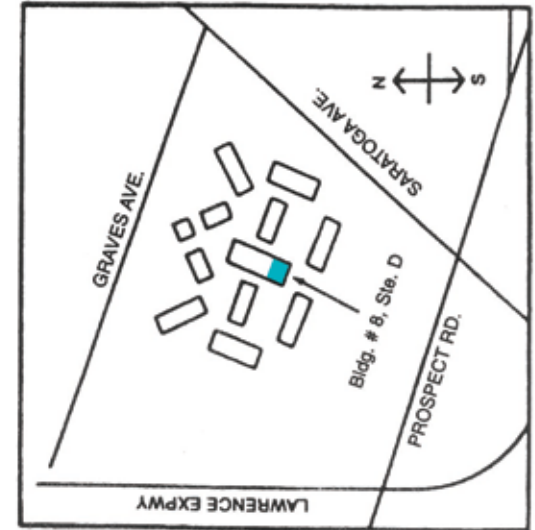
Your scan will be processed and sent directly to your referring doctor. You may obtain the results from your doctor in approximately one week.

To view the i-CAT scanner, please visit our website at www.croallradiography.com

If you have any questions, please contact us at info@croallradiography.com



PARENT/GUARDIAN _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____



CROALL RADIOGRAPHY, INC.
5150 GRAVES AVENUE BLDG. # 8, STE. D