

Scan Referral Prescription Form

192 Western Avenue • South Portland, ME 04106 • Telephone: (207) 772-1996 • Fax: (207) 775-1642 • Email: jmartin@edmmaine.com

Referring Doctor Information:

Today's Date: _____

Dr.: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Data Reports by:

- Photo Paper
- Dicom Data on CDR
- Other
- Appointment to Review Data

Pathology/Anatomy

Area of Interest: _____

Medical Diagnostic Code (ICD 9 - Required - *See Back) _____

Referring Doctor

Narrative (optional/legible) _____

Area to be Examined:

- Standard Scan (Both Arches)
- Maxillary Arch
- Mandibular Arch

Digital Photography:

- Standard Survey (11 Views) CDR

Specific Views - List - _____

Patient Information:

Name: _____

D.O.B: _____

SS #: _____

Address: _____

Telephones: _____

Medical Ins. Co.: _____

Claims Address: _____

Patient/Group ID #: _____

Dental Ins. Co.: _____

Claims Address: _____

Patient/Group ID #: _____

Type of Digital Scan-iCat (3D):

- Standard *TMJ
- High Definition *Simplant® Tx. Plan/Surgical Guide
- Implant Treatment *Nobel Guide™

* Dr. Call Prior to Appointment

Digital Radiograph (2D):

- Panoraphic
- Intraoral Full Mouth Survey - (18 Views Includes BW)
- Interproximal - BW posterior
- Other _____

Esthetic Dentistry of Maine Imaging Services provides diagnostic imaging data only and assumes no responsibility for diagnosis or treatment planning from data obtained. Referring party is required to evaluate the provided data and render diagnosis of conditions from such data to the patient directly.

Scan Referral Prescription Form

**Common ICD 9 Codes*

351.9	Disorder, Facial Nerve
520.6	Disturbance, Tooth Eruption
523.4	Periodontitis, Chronic
524.9	Anomaly, Dentofacial
525.2	Atrophy Edentulous Alveolar Ridge
525.8	Other Specified Disorder Of The Teeth/ Supporting Structure
525.9	Unspecified Disorder Of The Teeth / Supporting Structure
525.11	Loss of Teeth Due To Trauma
525.12	Loss of Teeth Due To Periodontal Disease
525.19	Other Loss Of Teeth
526.0	Cysts, Development Odontogenic
526.4	Avascular Necrosis
714.0	Arthritis, Rheumatoid
716.8	Osteoarthritis
716.18	Arthritis, Traumatic
733.0	Osteoporosis
784.0	Facial Pain
802.0	Fracture
830.0	Dislocation Closed Jaw
830.1	Dislocation Open Jaw
848.1	Sprain/ Strain Jaw



Esthetic Dentistry of Maine

Digital Imaging Services