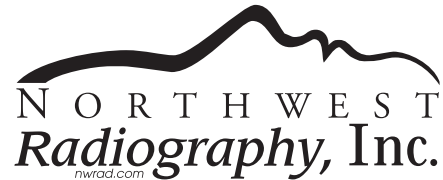


PATIENT INSTRUCTIONS:

- 1. Request an appointment by phone or online (www.nwrad.com) as soon as you receive this Rx. Please let us know if patient conditions require a longer appointment.
2. Patients seeking same day appointments must call lab prior to arrival to check for availability.
3. A fee will be charged for appointments cancelled or rescheduled with less than 24 hours notice.
4. Parent or legal guardian must accompany minors, or signed permission is required.
5. Please brush teeth prior to appointment.
6. Patients who arrive after their appointed time may have to be rescheduled.
7. Patients should remove all jewelry (including any piercings) from head and neck.
8. Payment due at time of service. NWR is not a Medicare provider.



Doctors Irena Baker • Douglas Cameron • David Crouch • Ward Damon
Diane Doppel • Rodney Dubois • Roy Gunsolus • Stanton Hall
Donald R. Joondeph • Douglas Knight • Wuiteng Koh • Vincent Kokich
Chris Manley • R. William McNeill • John Moore • Peter Shapiro
Gina Trask • Camille VanDevanter

Patient or Parent/Legal Guardian \_\_\_\_\_ (Signature of Informed Consent)

Bellevue (425) 453-3440 / Fax: (425) 450-4605 Northgate (206) 523-4347 / Fax: (206) 528-2929 Tacoma (253) 627-3988

Patient First \_\_\_\_\_ Patient Last \_\_\_\_\_ DOB (MM/DD/YY) \_\_\_\_\_

Estimate of Charges Due at Time of Appt \_\_\_\_\_ Appt Day and Time (MM/DD/YY) \_\_\_\_\_ Today's Date (MM/DD/YY) \_\_\_\_\_

Three-Dimensional Imaging - ConeBeam Volume Scan (Imaging Sciences International iCAT)

Protocol on File with NWR \_\_\_\_\_ (please indicate omissions in Special Instructions)

Special Instructions

Large empty box for special instructions.

Areas of Interest grid with R and L markers and a text box for notes.

BASIC SCAN - please select scan height and resolution below
(includes CD-r with Raw Capture Files, DICOM Multifiles, DICOM Conversion for I-Vision, I-Cat Vision reader software)
Scan Height [ ] 6 cm [ ] 8 cm [ ] 13 cm [ ] 22 cm Resolution [ ] .3 [ ] .4 [ ] Hi - Res [ ] Other

ADDITIONAL BASIC SCAN, SAME VISIT - please select scan height and resolution below
Scan Height [ ] 6 cm [ ] 8 cm [ ] 13 cm [ ] 22 cm Resolution [ ] .3 [ ] .4 [ ] Hi - Res [ ] Other

WORKUP PER AREA OF INTEREST (Adobe Acrobat PDF)
Panoramic View: [ ] Landscape [ ] MIP
Skull View: [ ] Lateral Cephalometric Skull [ ] A.P. [ ] Airway
Cross-sectional Study: [ ] MX [ ] MD
Locational Study: [ ] Cross-sectional [ ] Sagittal
TMJ Study: [ ] Lateral [ ] AP Views of RL
SUPPLEMENTAL WORKUP FROM ARCHIVE (Adobe Acrobat PDF)
[ ] Please specify needs in Special Instructions box above

PRINTS OF WORKUPS
IMPLANT CONVERSIONS [ ] MX [ ] MD
DIGITAL PHOTOGRAPHY (Dye Sub Prints)
[ ] Intra-Oral View(s) \_\_\_\_\_
Number of Prints \_\_\_\_\_ [ ] Digital Delivery
[ ] Extra-Oral View(s) \_\_\_\_\_
Number of Prints \_\_\_\_\_ [ ] Digital Delivery

THREE-DIMENSIONAL STUDIES (3DVR)
[ ] DIAGNOSTIC INTERPRETATION
[ ] ADB
[ ] Beamreaders
[ ] 3DDX
[ ] Dr. \_\_\_\_\_
[ ] DUPLICATE CD-R

Two-Dimensional Imaging - Film

Survey on File with NWR \_\_\_\_\_ (please indicate omissions in Special Instructions)

Special Instructions

Large empty box for special instructions.

Areas of Interest grid with R and L markers and a text box for notes.

SKULL VIEWS [ ] Digital \* [ ] Film [ ] Scan
[ ] Lateral Cephalometric Skull
[ ] P.A.
[ ] A.P.
PANORAMIC [ ] Digital \* [ ] Film [ ] Scan
[ ] DIGITAL TRACING
Analysis \_\_\_\_\_

DIGITAL PHOTOGRAPHY (Dye Sub Prints)
[ ] Intra-Oral View(s) \_\_\_\_\_
Number of Prints \_\_\_\_\_ [ ] Digital Delivery
[ ] Extra-Oral View(s) \_\_\_\_\_
Number of Prints \_\_\_\_\_ [ ] Digital Delivery
\* Digital Pan/Ceph capture currently available at Northgate Lab only

OCCUSALS [ ] Film [ ] Scan
[ ] MX
[ ] MD
CARPAL INDEX
[ ] Film [ ] Scan
X-RAY DUPLICATION
[ ] Please indicate views in Special Instructions box above.

PERIAPICALS [ ] Film [ ] Scan
[ ] 16 FMX [ ] 20 FMX
[ ] Vertical [ ] Horizontal
[ ] Individual Periapicals
(please indicate in Special Instructions)
[ ] Double Pack Film
Bitewings Only:
[ ] Vertical [ ] Horizontal [ ] Double Pack Film

Prescribed by Dr. \_\_\_\_\_ (Doctor Signature Required) Date Signed (MM/DD/YY) \_\_\_\_\_

Files are transferred to the prescribing Doctor upon completion of the case documentation, and are archived by NWR for thirty days only.

Staff Member \_\_\_\_\_ Deliver Images Before (MM/DD/YY) \_\_\_\_\_