



VAN HOOK DENTAL STUDIO

crystal digital solutions



Our Services

- 3D Imaging
- Next Generation i-CAT
- Provider of CBCT Services
- 3D Conversions
- Pre-Surgical and Implant Planning
- Surgical Guide Options
- Complete Simplant Master Services
- Nobel Clinician/Nobel Guide Certified
- Full Service Dental Laboratory
- Complete Digital Workflow

Taking Advanced Dentistry to Exceptional!

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3D Cone Beam CT Scans

Implant Scan	\$233
Dual Scan with Appliance*	\$336
Impaction Scan	\$218
Infection/Cyst Scan	\$218
Volumetric Airway Scan	\$218
Temporomandibular Joint Scan	\$218
Open (2 views)	\$275
Orthodontic/Craniofacial Scan	\$264
Panoramic Radiograph Scan	\$78

* includes markers and reline

All Above Services Include I-CAT Vision


Radiographic Studies

Implant Study	\$31/sheet
Panoramic Radiograph Study	\$31
Frontal Ceph/Lateral Ceph (each)	\$41
Tracing Analysis (each)	\$41

All Above Services Include I-CAT Vision

Optional Services

Intraoral & Extraoral Photos (8 views)	\$78
Radiology Report	\$115
Vision/Dicom Disc (duplicate copies)	\$22/CD
	\$6/sheet



2082 E. Southern Ave. | Suite 101F | Tempe, AZ 85282
Phone (480) 730-5998 | Fax (480) 730-5181 | Toll Free (800) 987-4665
Email contactus@vhdental.com | Web vhdental.com

patient prescription form

please bring this form on the day of your appointment

PATIENT INFORMATION

Patient Name: _____

DOB: _____ Gender: M / F Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERRING DOCTOR INFORMATION

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____ Contact Person: _____

SCHEDULING INFORMATION

Scan Appointment Date: _____ Scan Time: _____

Scan Location: _____ 2082 E. Southern Ave. Suite 101F

City: _____ Tempe _____ State: _____ AZ _____ Zip: _____ 85282

Payment is due when scan services are rendered by major Credit Card or Cash. All appointments will be confirmed one day prior to scan day.



☐ Patient Pay ☐ Doctor Pay

Doctor Signature (Required)

Date



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3D CONE BEAM CT SCANS

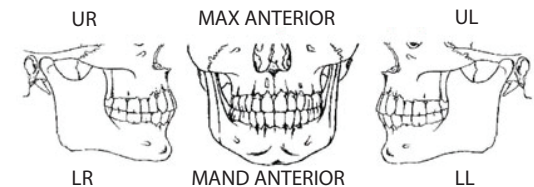
- ☐ Maxillary
- ☐ Mandibular

- ☐ Implant Scan
- ☐ Volumetric Airway/Sinus Scan
- ☐ Impaction Scan
- ☐ Infection/Cyst Scan
- ☐ Dual Scan Protocol
- ☐ TMJ Scan

- ☐ Closed ☐ Rest ☐ Open
- ☐ With Appliance

- ☐ Panoramic Radiograph Scan
- ☐ Othodontic/Craniofacial Scan*

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



* Orthodontic Scan Includes: Photographs, Panorex, Lateral Cephalometric, Tracings and your choice of two:

- ☐ Frontal Ceph ☐ Impaction Study
- ☐ Closed TMJ ☐ Airway Study

RADIOGRAPHIC STUDIES

- ☐ Beginning ☐ Progress ☐ Final
- ☐ Lateral Cephalometric
- ☐ Frontal Cephalometric

- ☐ Digital Photography
- ☐ Intraoral & Extraoral
- ☐ Tracing Analysis

POST SCANNING SERVICES BY VAN HOOK DENTAL STUDIO (Check all that apply)

- ☐ Provide DICOM File Only
- ☐ Provide DICOM File with I-CAT vision
- ☐ Provide DICOM File and 3D Conversion for Simplant®
 - ☐ Planner ☐ Pro
- ☐ Provide A Radiology/Pathology Report*

- ☐ Implant Treatment Planning (Simplant® Master)
- ☐ Implant Treatment Planning (Nobel Guide/Clinician)



* I hereby assume responsibility for anything that is found within or as a result of the scan. I agree that Van Hook Dental Studio is strictly providing a service to me by providing the scan and therefore is not responsible for anything found in or as a result of said scan.