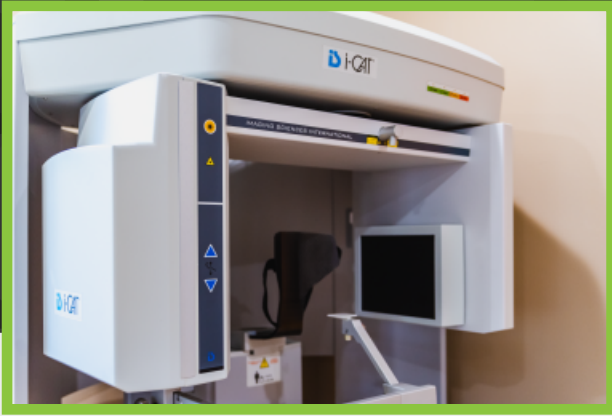




crystal digital solutions



take advantage of our on-site  
crystal digital center for all of your  
imaging needs!

we offer a variety of services  
for you and your patients:

3D imaging

next generation i-CAT

CBCT services & IOS scanning

vhdigital manufactured surgical  
guides

complete Implant series

DTX Studio Center of Excellence

custom shades

schedule an appointment today by calling **(480) 730-5998**  
or emailing us at **crystal@vhdental.com**

2082 e. southern ave, #101f, tempe az 85282  
p 480-730-5998 / f 480-730-5181  
contactus@vhdental.com / www.vhdental.com

*Van Hook*  
**DENTAL STUDIO**

# imaging fee schedule



## 3D cone beam CT scans (CBCT)

implant scans	\$252
dual scan with appliance*	\$365
impaction scan	\$237
infection/cyst scan	\$237
volumetric airway scan	\$237
temporomandibular joint scan	\$237
open (2 views)	\$299
orthodontic/cranofacial scan	\$286

**\*includes markers & reline**

all above services include i-CAT vision

## radiographic studies

implant study	\$34/sheet
panoramic radiograph study	\$34
frontal ceph/lateral ceph (each)	\$46
tracing analysis (each)	\$46

## optional services

panoramic radiographic scan	\$86
intraoral & extraoral photos (8 views)	\$86
radiology report	\$125
vision/dicom disc (duplicate copies)	\$25/CD
custom shades	\$56
intraoral scan (trios scan only)	\$79
vhaligner scan+*	\$184

**\*includes trios scan, pano, & clinical photos**

vhaligner refinement scan (trios scan only)	\$79
---	------

# how to find us

vh

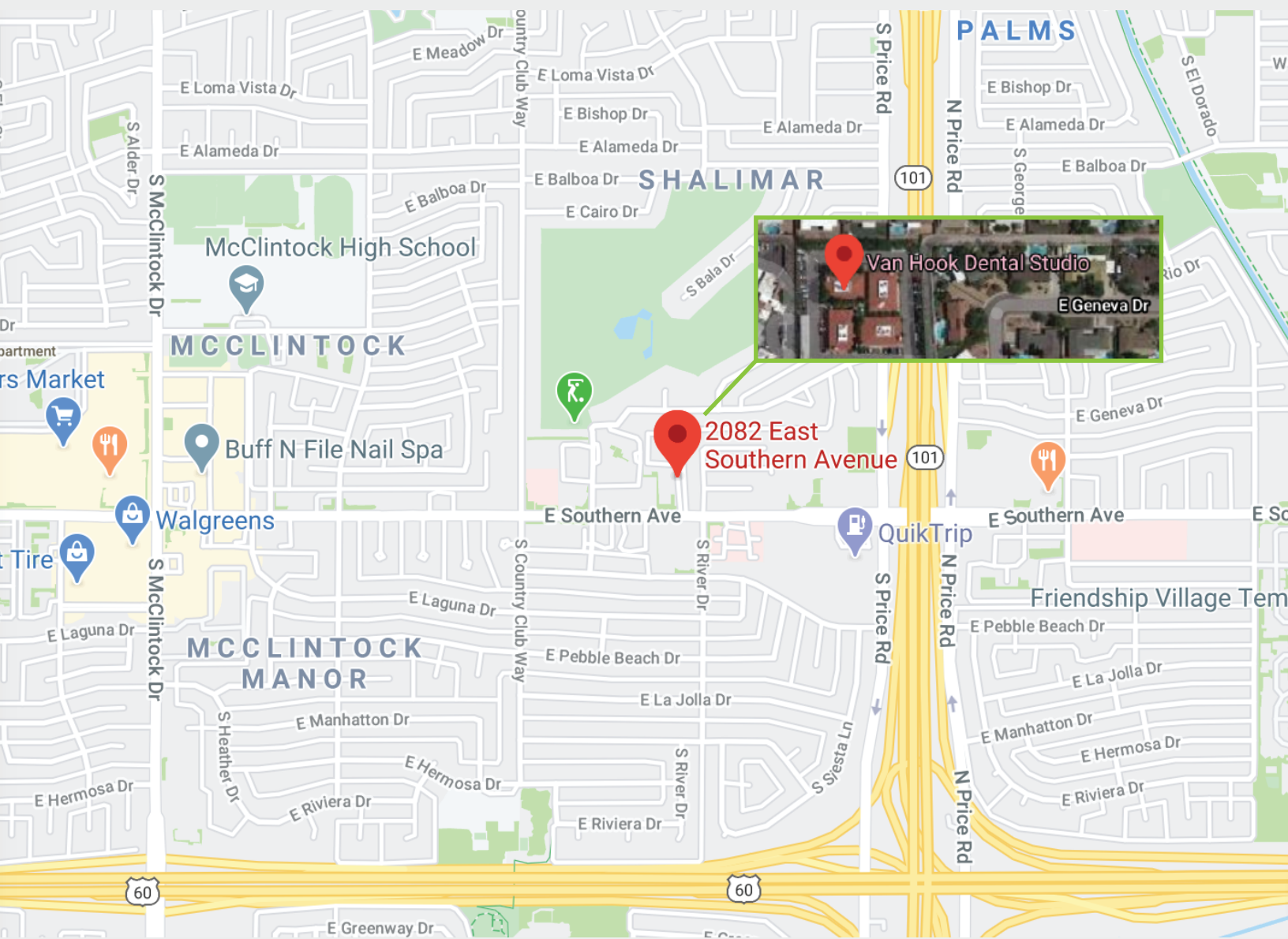
## laboratory address

shalimar fountains medical complex  
2082 e. southern ave, #101f / tempe, az 85282

## patient instructions

please call our office 24 hours following your initial dental appointment

for custom shade appointments, do not bleach your teeth for at least 10 days before your appointment. appointments take 15 minutes & digital photos will be taken



# patient prescription form

please bring this to your appointment

crystal digital solutions



## 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 (1) day prior to scan day.

☐ Patient Pay ☐ Doctor Pay



Doctor Signature (Required)

Date

## 3D CONE BEAM CT SCANS

- ☐ Maxillary
- ☐ Mandibular

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

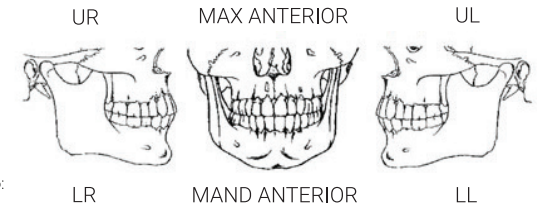
- ☐ Closed ☐ Rest ☐ Open
- ☐ With Appliance

- ☐ Panoramic Radiograph Scan  
(2D Image Only)
- ☐ Othodontic/Craniofacial Scan\*

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

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

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



## RADIOGRAPHIC STUDIES

- ☐ Beginning ☐ Progress ☐ Final
- ☐ Digital Photography
- ☐ Lateral Cephalometric
- ☐ Intraoral & Extraoral
- ☐ Frontal Cephalometric
- ☐ Tracing Analysis

## INTRAORAL SCAN

- ☐ Trios Scan

## VHALIGN SCAN+

- ☐ Trios Scan ☐ Pano ☐ Clinical Photos

## POST-SCANNING SERVICES BY VHDS (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.