Champion Forest Imaging Center
13303 Champion Forest Drive #10
Houston, TX 77069
(281) 580-4900

Referring Doctor Information

Doctor:_____ Date:_____
Address:_____ I-Cat Scan Date_____
_____
Phone:_____ Fax:_____
E-Mail:_____

Patient Information

Patient Name:_____ DOB:_____
If Minor, Parent/Guardian Name:_____
Address:_____ Phone:_____
_____

Patient coming in with stent/oral appliance (Please circle) **YES** or **NO**

Format of Data on CD (Circle A or B) **A.) ICAT with Vision Software**

B.) Dicom Files (raw data only)

Request survey report form a licensed radiologist (Please circle) **YES** or **NO**

I-CAT SURVEY

- TMJ Tomography
- Implant Tomography

I-CAT instructions - Reason for request - (Field of View)

_____
_____
_____
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