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ALTA VISTA
CLINIQUE DENTAIRE • DENTAL CLINIC
LASER Dentistry

1207 Evans Blvd.
Ottawa, Ontario
K1H 7T6

Contact Information

Patient Name_____ DOB_____

Address_____ Phone_____

Referring Doctor_____ Phone_____

Patient will call for appointment ☐ Please call patient for appointment ☐

Imaging

☐ CBCT 8X8 cm ☐ Panoramic radiograph

☐ CBCT 5X5cm ☐ Cephalometric radiograph

Purpose of imaging

☐ Pre-surgical implant placement ☐ Impacted teeth

Implant planning

Radiographic stent provided ☐ Yes ☐ No Preferable implant system_____

Implant planning (nerve tracing, measurement of bone, implant drawing on the image)

☐ Yes ☐ No

Area of interest

☐ Maxilla ☐ Mandible ☐ Both ☐ Other:_____

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Report format

☐ Printed images ☐ Dicom file ☐ Downloadable email:_____

Dental/Medical History_____

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