

PATIENT LAST NAME

PATIENT FULL FIRST NAME

TODAY'S DATE

DATE OF BIRTH

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_

ICD-10: \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED)

PHYSICIAN NAME (PRINTED OR STAMPED)

PHYSICIAN ADDRESS

**PATIENTS:**  
CALL TO MAKE AN APPOINTMENT    TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

Cephalogram

**DENTAL CT IMAGING**

**SIMPLANT** (Our software is backward compatible)  
\*Please indicate version you need processed\* Version: \_\_\_\_\_

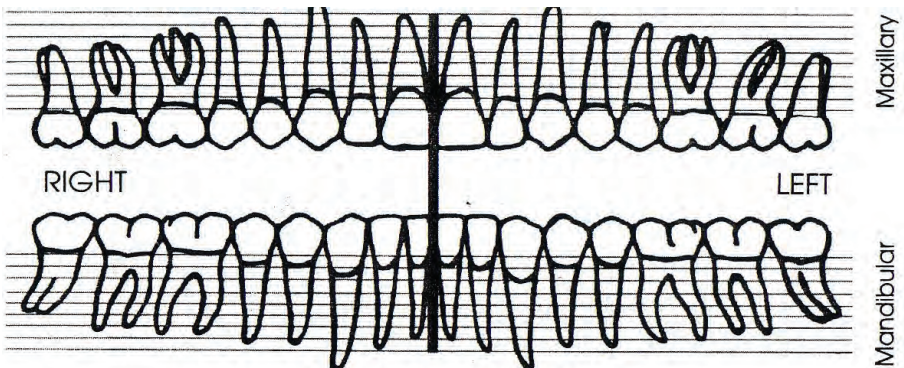
**CT Denta Scan: No IV Contrast** (THIS PROCEDURE IS NOT COVERED BY INSURANCE, PATIENT WILL BE RESPONSIBLE FOR PAYMENT)

Maxillary Dental Implants

Mandibular Dental Implants

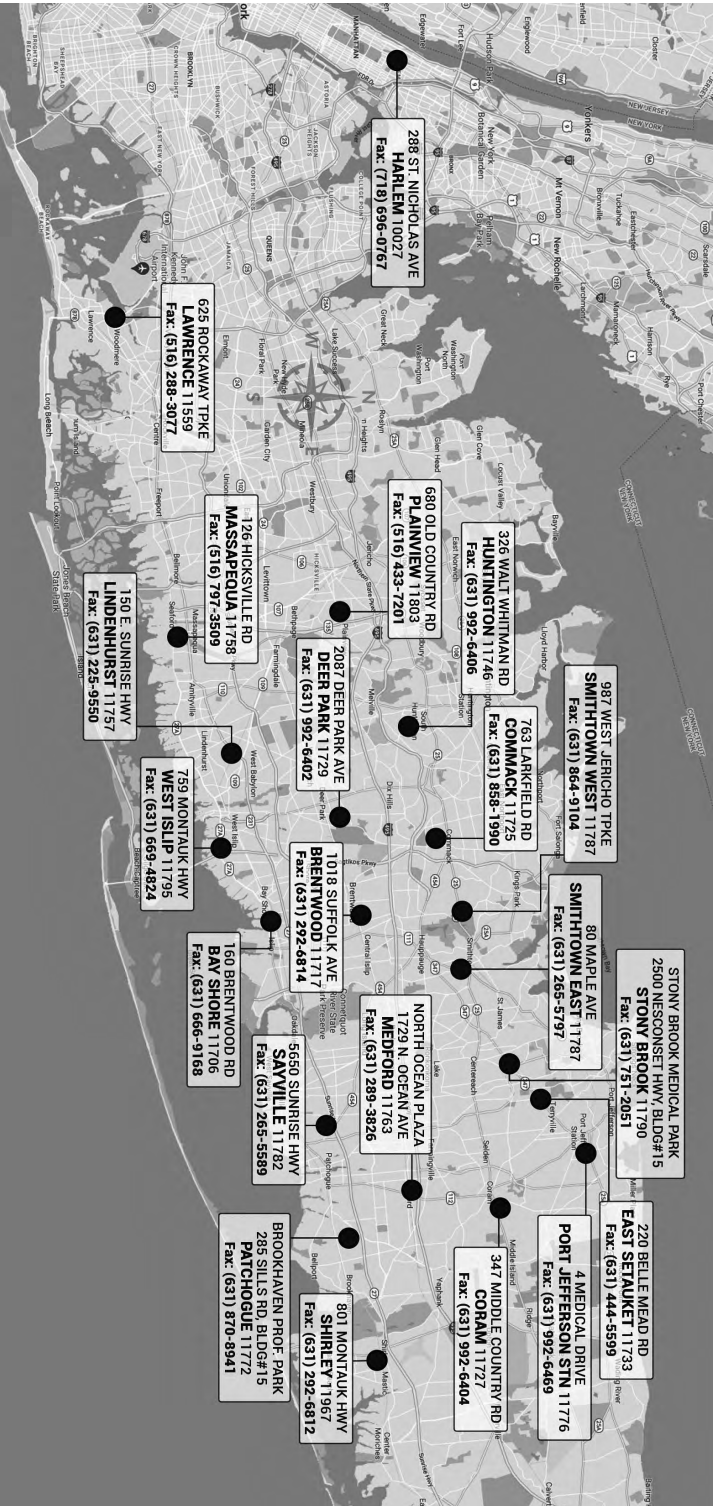
**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle region for implants**



**NOBEL GUIDE**

**MRI TEMPOROMANDIBULAR JOINT (TMJ)** No IV Contrast 70336



**288 ST. NICHOLAS AVE  
HARLEM 10027  
Fax: (718) 696-0767**

**625 ROCKAWAY TPKE  
LAWRENCE 11559  
Fax: (516) 288-3077**

**1261 HICKSVILLE RD  
MASSA RENO 11788  
Fax: (516) 797-3509**

**150 E. SUNRISE HWY  
LINDENHURST 11757  
Fax: (631) 225-9550**

**759 MONTAUK HWY  
WEST ISLIP 11795  
Fax: (631) 669-4824**

**160 BRENTWOOD RD  
BAY SHORE 11706  
Fax: (631) 666-9168**

**1018 SUPPOLI K AVE  
BRENTWOOD 11717  
Fax: (631) 292-6814**

**5650 SUNRISE HWY  
SAVAILLE 11782  
Fax: (631) 265-5589**

**NORTH OCEAN PLAZA  
1729 N. OCEAN AVE  
MEDFORD 11763  
Fax: (631) 289-3826**

**BROOKHAVEN PROF. PARK  
285 SULLS RD BLDG #15  
PATCHOGUE 11772  
Fax: (631) 870-8941**

**801 MONTAUK HWY  
SHINLEY 11967  
Fax: (631) 292-6812**

**680 OLD COUNTRY RD  
PLAINVIEW 11803  
Fax: (516) 433-7201**

**326 WAIT WHITMAN RD  
HUNTINGTON 11746  
Fax: (631) 592-4400**

**2087 DEER PARK AVE  
DEER PARK 11729  
Fax: (631) 992-6402**

**763 LARKFIELD RD  
COMMACK 11725  
Fax: (631) 858-1990**

**987 WEST JERICHO TPKE  
SMITHTOWN WEST 11787  
Fax: (631) 864-9104**

**80 MAPLE AVE  
SMITHTOWN EAST 11787  
Fax: (631) 265-5797**

**STONY BROOK MEDICAL PARK  
2500 NESCONSET HWY, BLDG#15  
STONY BROOK 11790  
Fax: (631) 751-2051**

**220 BELLE MEAD RD  
EAST SETAUKET 11733  
Fax: (631) 444-5599**

**4 MEDICAL DRIVE  
PORT JEFFERSON STN 11776  
Fax: (631) 992-6469**

**347 MIDDLE COUNTRY RD  
CORAM 11727  
Fax: (631) 992-6404**

**631-444-5544**

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