

# FIRST HILL DIAGNOSTIC IMAGING

A Swedish Medical Imaging Center

1001 Boylston Avenue, Seattle, WA 98104

P: (206) 329-6767 • F: (206) 323-6989

www.firsthill.com

See map and directions on the back



## DENTAL IMAGING STUDY REQUEST FORM

Date: \_\_\_\_\_

Your clinician has referred you to First Hill Diagnostic Imaging for a CT scan of your jaw. There is no injection, and the exam is painless.

As a medical facility, First Hill Diagnostic Imaging cannot bill your dental insurance. We are however able to bill most major medical plans. We will be happy to contact your medical insurance to verify your benefits and coverage. This is not a guarantee of payment. Each claim is reviewed by insurance carriers independently. This means that your exam may or may not be covered or it may be paid at less than 100% of the total charge. If preauthorization is necessary, we will need extra time to contact your insurance before we can perform your exam.

Please call us if you have any questions regarding your insurance coverage. Please bring this form along with your medical insurance billing information.

Patient name: \_\_\_\_\_ Next appointment with doctor: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient phone: \_\_\_\_\_ Type of medical insurance: \_\_\_\_\_

Exam date/Check-in time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ I.D. and group number: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature/Stamp: \_\_\_\_\_

### FEES BELOW ARE APPLICABLE FOR IMPLANT PLANNING EXAMS ONLY

Both Arches	\$945.00	Quadrant	\$450.00
Full Arch (Mandible or Maxilla)	\$645.00	Single Tooth	\$325.00

### EXAMINATION

- CT
- MR of TMJ
- CT of TMJ
- Other \_\_\_\_\_

### PURPOSE

- Presurgical planning
- Fractures
- R/O lesion
- Sinus disease
- Other \_\_\_\_\_

### Will a stent be provided?

- Yes
- No

### SPECIAL INSTRUCTIONS:

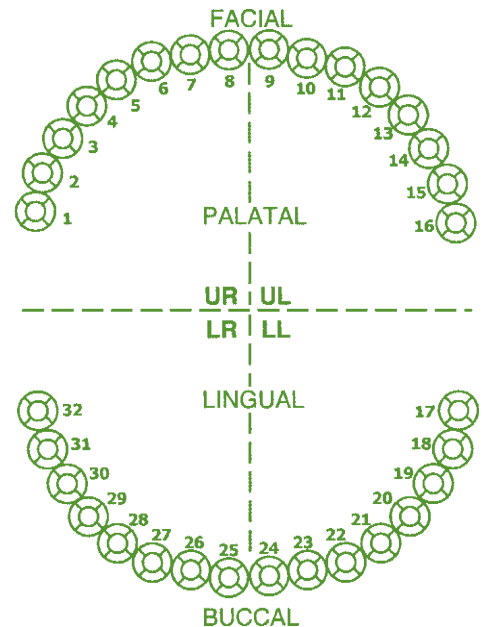
\_\_\_\_\_  
\_\_\_\_\_

### REGION TO BE SCANNED

- Single tooth (site # \_\_\_\_\_)
- One quadrant - please check
  - Upper Right       Upper Left
  - Lower Right       Lower Left
  - Upper Front (sites 5-12)       Lower Front (sites 21-28)
- Complete arch - please check
  - Maxilla
  - Mandible

### IMAGING FORMAT

- Films (Trusize)
- CD (eFilm)
- Implant planning software
  - SimPlant (version \_\_\_\_\_)
  - Implant Logics (version \_\_\_\_\_)
  - Other \_\_\_\_\_



To ensure accurate examination, please indicate region of interest.

PLEASE COMPLETE THIS FORM THOROUGHLY FOR THE PATIENT AND FAX TO: (206) 323-6989

## HOW TO FIND US

### From NORTH of Seattle

Travel on I-5 SOUTHBOUND, take I-5 **Exit 166** (Stewart St.).

Continue on **Stewart St.**, turn **LEFT** onto **Boren Ave.**

Continue 1/2 mile up **Boren Ave.**, turn **LEFT** onto **Madison St.**

Then turn **LEFT** on **Summit Ave.**

Go a half block, take a **RIGHT** into the garage entrance marked *Public Parking*. (Free Patient Parking in spaces 29-34)

### From SOUTH of Seattle

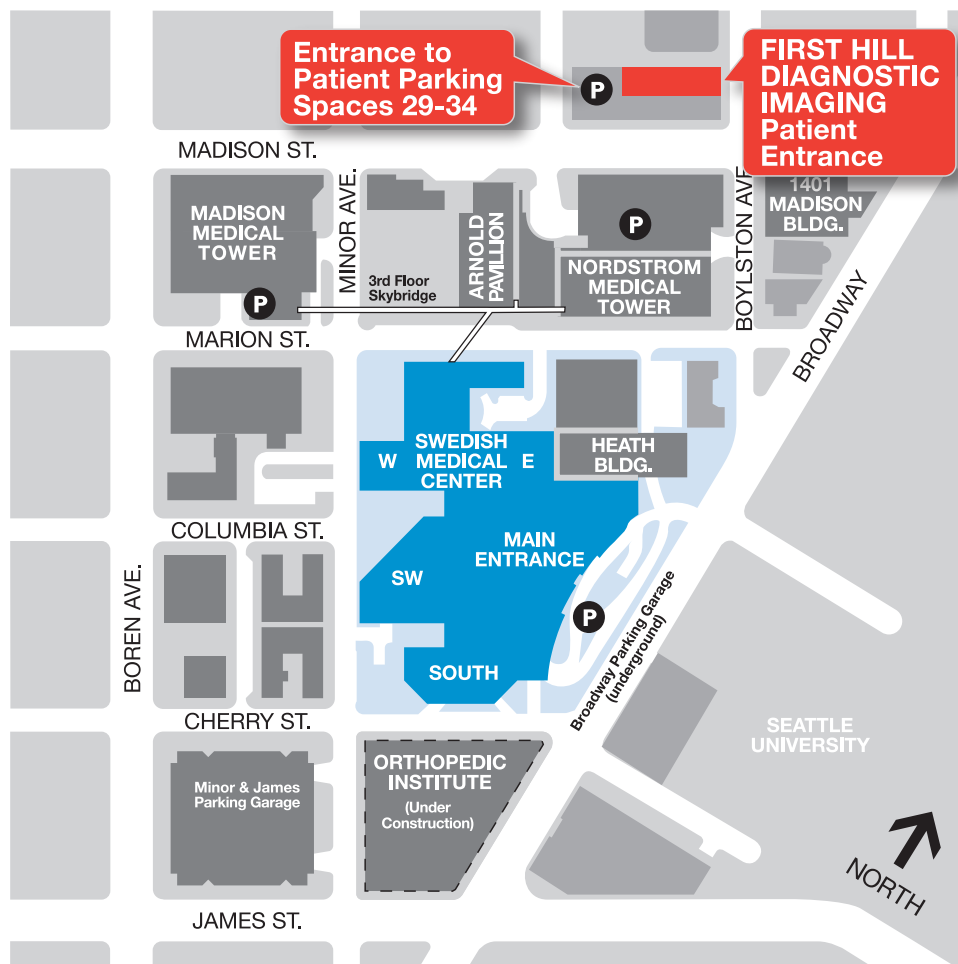
Travel on 1-5 NORTHBOUND, take 1-5 **exit 164a** (Dearborn, James, Madison)

Stay in the lane for **Madison St.**, turn **RIGHT** onto **Madison St.**

Continue up **Madison St.** six blocks to **Summit Ave.**

Turn **LEFT** onto **Summit Ave.**

Go a half block, turn **RIGHT** into the garage entrance marked *Public Parking* (Free Patient Parking in spaces 29-34)



- **Free Parking** is located in the garage on the East side of Summit. Garage entrance is marked Public Parking. Drive to the far back wall marked *First Hill Imaging Center Patient Parking*. Stalls 29-34 are FREE Patient Parking. Take the stairs up one flight to our lobby.
- **Handicapped access:** *Please call to arrange.*
- **Bus** access is easy. For information please call Metro at (206) 553-3000.

**Note:** In compliance with federal rules and regulations, First Hill Diagnostic Imaging's policy is to require a signed referral from the treating physician. The referral must include the exam requested, diagnosis with signs and symptoms or diagnosis code with description, and physician's signature or stamp. This referral must be received prior to the patient's exam date.