



# EASTSIDE IMAGING CENTER

575 W. Chandler Blvd #127  
Chandler, AZ 85225  
P: (602) 843-8008  
F: (602) 863-3412

Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  
Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  
Fee: \_\_\_\_\_

## 3-D CONEBEAM CT (Includes PRINTS & CD)

- TMJ Limited (TMJ, Axial & Coronal Slices, Panoramic & Airway)
- TMJ Study & TMJ Open
- Implant (with Pan) Teeth # \_\_\_\_\_
- Impacted (with Pan) Teeth # \_\_\_\_\_
- Third Molar Evaluation
- Area of Focus \_\_\_\_\_
- ORAL RADIOLOGIST'S REPORT \$75.00**

1. Please bring prescription slip with you
2. Fees for service is due at time of appointment
3. Patients are seen by appointment only
4. Please remove all jewelry from head or neck for appointment

REFERRED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_



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