

FOREVER SMILES
I-CAT DENTAL IMAGING

1275 E. BELVIDERE Rd., Ste. 100
GRAYSLAKE, IL 60030

Ph: 847-548-4200

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Please see map
on reverse side

PATIENT NAME: _____

Exam: _____

Diagnosis and/or ICD9 Code: _____

OTHER: _____

The patient ____ will ____ will NOT be wearing a template

Doctor's Signature: _____ Date: _____

Doctor's Name: _____ Email: _____

Address: _____ Telephone: _____

CT Study to be sent:

* All I-CAT studies will be analyzed by a certified cranial facial radiologist and a complimentary report sent to you.

