



CT Dental Scan Appointment Form

Lake Forest Hospital

Diagnostic Imaging
660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696

TEST RESULTS/QUESTIONS: (847) 535-6300 TEL
lfh.org
APPOINTMENTS: Call/fax according to contact information on back

Your doctor has decided that a high resolution Computed Tomography (CT) scan is needed to assist in delivering to you the best possible treatment.

Please be advised that most insurance providers do not consider this exam to be medically necessary and therefore you may be responsible for the full charge of the exam. To make an appointment, please call one of the listed imaging centers most convenient to you. On the day of your exam, the imaging center will ask for your payment up front. The charge for the exam is \$400 for each jaw. Your doctor will receive the results of your CT examination in about 7 business days from the day of your examination.

Please arrive about 15 minutes early to complete our registration form. Your exam is painless and lasts approximately 30 minutes. It is very important to hold completely still when the technologist performing your exam instructs you that pictures are ready to be taken. If your doctor has given you a special appliance to wear during the exam, please make sure that you bring it with you and inform the technologist before the exam begins.

Call results to: _____
Fax results to: _____

- MAXILLA (UPPER ARCH) \$400 Due at time of service
- MANDIBLE (LOWER ARCH) \$400 Due at time of service
- STENT REQUIRED
- STENT NOT REQUIRED
- ONE SHOT (\$150 PER ARCH) Due at time of service

PATIENT INFORMATION

Last Name _____ First Name _____
Date of Birth _____
Home Phone Number _____ Work/Cell Phone Number _____

RESULTS TO PHYSICIAN:

- Report
- Disk
- Paper Print

Copy of report to: _____

PHYSICIAN INFORMATION

Referring Practitioner Last Name _____ First Name _____
NPI # _____ Practitioner's Fax Number _____
Practitioner's Signature _____ Date _____

Notes: _____

SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

Registration may request a copy of your ID/insurance card for identification only. You and your insurance company will not be billed.

Present this form to Registration on your appointment date.

Registrar:
Plancode: P95
Patient Complaint: V76.12
Mail to Address: Billing Manager, LFH
660 N. Westmoreland Rd.
Lake Forest, IL 60045

This form is a referral. Scan into EDM.



CT Dental Scan Appointment Form

test results/
questions 847 535 6300



Call/Fax for Appointments

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| <p>1 Lake Forest Hospital Campus
660 N. Westmoreland Road
Lake Forest, Illinois 60045
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>4 Glenview
2501 Compass Road, Suite 105
Glenview, Illinois 60026
(847) 535-8000 phone
(847) 535-8001 fax</p> |
| <p>2 Grayslake Campus
1475 E. Belvidere Road (Rte. 120)
Grayslake, Illinois 60030
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>5 Gurnee-Tower Court
25 Tower Court, Suite A
Gurnee, Illinois 60031
(847) 249-3700 phone
(847) 249-4880 fax</p> |
| <p>3 Bannockburn
2151 Waukegan Road, Suite 150
Bannockburn, Illinois 60015
(847) 317-0011 phone
(847) 317-0022 fax</p> | <p>6 Libertyville
1800 Hollister Drive, Suite G-10
Libertyville, Illinois 60048
(847) 968-5300 phone
(847) 968-2400 fax</p> |

main telephone 847 234 5600	website lfh.org
patient scheduling 847 535 8000	physician referral 847 535 6171