



Scan Processing Order Form

*** Please complete form and fax to (416) 962-MFAC (6322) ***

Patient Name: _____

Anatomy Scanned: Maxilla Mandible

Planned Treatment: _____

Referring Clinician Information

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Scan Site Information

Facility Name: _____

Address: _____

Technologist: _____ Date of Scan: _____

Telephone: _____ E-mail: _____

Processing Services:

Basic Conversion.....\$90 per jaw

Custom Conversion*.....\$150 per jaw

* Includes Conversion and Scatter Reduction

Please specify file type required for conversion

SimPlant Planner (.sim)

SimPlant Pro (.spr)

Additional Services:

Masking..... \$50 per mask

Nerve Segmentation..... \$50 per scan

Co-Registration..... \$50 per scan

Facial Photo Mapping..... \$50 per photo

SimPlant OneShot Software..... \$200 each

Treatment Planning[†]

[†]Please e-mail info@maxfacs.com for pricing information

Delivery Method:

Download from the MAXFACS website[‡]

E-mail

[‡]Please e-mail info@maxfacs.com to set up a web account

CD

Payment Information

Amount Authorized: _____

Credit Card: MasterCard Visa

Expiration: _____ / _____
Month Year

Name on Card: _____

Credit Card #: _____

CVV2: ___ ___ ___ (3 digit security code)

Authorization

Name (Print): _____

Signature: _____ Date: _____

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