



CT Scan

I, \_\_\_\_\_,

hereby authorize Harrell Dental Implant Center to take a CT Scan at No CHARGE for diagnostic/treatment plan purposes only.

- No, I do not want a copy of the CT Scan.
- Yes, I do want a copy of the CT Scan and I understand that the fee will be \$250.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

DOB: \_\_\_\_\_

DATE \_\_\_\_\_