Dr. Frederick Li D.M.D., F.I.C.O.I.
British Columbia Institute of Oral Implantology/DrFrederickli.com
1115 – 750 West Broadway
Vancouver, BC V5Z 1J1
604-708-8022/ info@DrFrederickLi.com

3d imaging - referral fax

(the same information can also be emailed to: info@DrFrederickLi.com)

Date _____

From: _____
To: Frederick Li, DMD
Fax: 1-866-404-5091 (toll free)

Patient Name: _____ Insurance: Y/N
Home Phone: _____
Work Phone: _____
Cell: _____

Scan size: (please circle)

Small field
$110.00

Large field (recommended for implant treatment planning)
$220.00
$280.00 (read by radiologist/recommended)

- The responsibility of reading the scan is the referring dentist's unless the scan is read by an oral radiologist.

Site: # _____
Reason for referral:
_____
_____
_____
_____
_____
_____

Printout Y/N (all scans will be available for download or usb key)