

iDentity Orthodontics  
**I-CAT DENTAL IMAGING**

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

**Ph: 847-548-4200**

**Fax: 847-548-4527**

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.

