ATLANTIS DENTAL
FAMILY & COSMETIC DENTISTRY

604-565-1990 | cambie@atlantisdental.ca | www.atlantisdental.ca
2160 Cambie Street, Vancouver, BC V5Z 4T1

HIOSSEN ONE GUIDE LAB **RX**

Vancouver OneGuide CBCT and
Impression Center

CBCT SCAN REFERRAL FORM

Please call 604-565-1990 to book your appointment. Bring this form with you. We accept Mastercard, Visa, Debit, Amex and Cash

Patient's Name: ______________________________ Appt Date: ______________

Date of Birth: ______________ Telephone: ______________ Appt Time: ______________

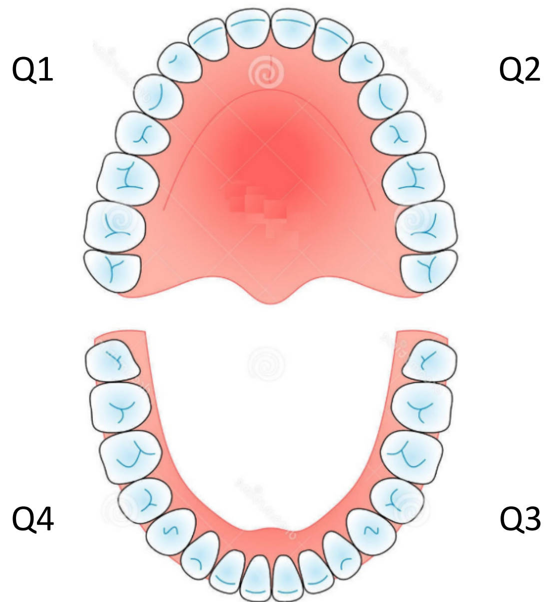
3D Cone Beam Computed Tomography (CBCT)

One Guide Records
(Please select teeth to be replaced by implants)

open guide hole required
(for limited opening)

temp crowns required
(shade will be selected)

Individual Scan
(Please identify arch or quadrant)



Special instructions / Relevant clinical history:

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Dr. Name: ______________________________ Date: ______________

Clinic Name: ______________________________

Email Address: ______________________________

Dr. Signature: ______________________________

Fax or email completed Referral Form to: 604-565-1992 or cambie@atlantisdental.ca