



COAST DENTAL CENTRE

22410 Dewdney Trunk Rd
Maple Ridge BC V2X3J5
604-463-2227

Referring Doctor information

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Office Name & Address: _____

Patient information

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Email: _____

Phone: _____

Special Instruction / History: _____

3D DIGITAL IMAGING SERVICE

Field of View	Acquisition Only	24 HR Rush Fee	USB & Courier
Single Site	\$225	\$65	\$29
Single Jaw	\$275	\$65	\$29
Both Jaws/TMJ	\$332	\$65	\$42