


Please see back for map 
& important patient information

To schedule an appointment, please phone:
(714) 964-6440

DATE: _____ TIME: _____ FEE DUE AT TIME OF SERVICE \$ _____

NAME: _____ DOB: _____

SURVEYS **Cone Beam Volumetric Scan (CBCT)**

- (Standing Orders on file)*
- 1-Orthodontic Survey
 - Begin. Progress Final
 - 2-Pan-Survey
 - Begin. Progress Final
 - 3- _____

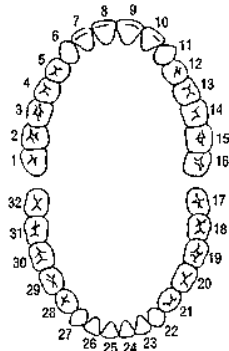
CEPHALOMETRICS

- 4-Lateral Skull (*Lateral Ceph*)
 - Tracing of Lateral Ceph
 - Begin. Progress Final
- 6-PA Skull (*Frontal Ceph*)
 - Tracing of PA Ceph
 - Begin. Progress Final

INDIVIDUAL PROCEDURES

- 7-Entire Mouth (*pa's & bw's*)
- 8-Anterior Periapicals (*U&L*)
- 9-Bitewings
- 10-Panoramic (*single film with copy*)
- 11-Occlusal - Maxillary
- 12-Occlusal - Topographical 90°
- 13-Occlusal - Mandibular
- 14-Carpal Index (*Wrist Film*)
- 15-Scan x-rays & photos to CD
- 16-Photographs - color prints

- 17-TMJ - closed (L&R)
 - add CD w/data & reports
- 18-TMJ - closed & wide open (L&R)
(all data & reports included on CD)
- 19-TMJ - add'l view _____
- 20-Implant - Maxilla Mandible



SPECIAL INSTRUCTIONS

Dr. _____

IMPORTANT PATIENT INSTRUCTIONS

- 1) Please bring this prescription slip to your appointment.
- 2) Payment is required when services are rendered.
- 3) Please have hair combed and teeth brushed for photographs.
- 4) Patients more than 10 min. late may be asked to reschedule.
- 5) 24 hour prior notice of cancellation is appreciated.

