



BEVERLY HILLS

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ENCINO

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 Encino, CA 91436
 Ph: (818) 386 8562
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Patient _____ Male
 Female Pregnant
 DOB _____ Phone _____
 Guardian _____ Date _____ Signature* _____

* Signature by patient or responsible party indicates permission has been given to take images as indicated on this prescription and authorize their release to the referring doctor(s). Payment for service is required at the time of patient's visit and not refundable. We do not provide service without the prescription.

Doctor _____ Office phone _____
 E-mail _____ Signature _____

2D DIGITAL IMAGING SURVEYS 3D CBCT DIGITAL SURVEYS

- Beginning Progress/Final
- Diagnostic photographs
- Panoramic view
- Lateral Ceph PA Ceph
- Ceph tracing (specify)
- Full mouth series
- Periapicals Bitewings
- Carpal Index

- Maxilla Implant
- Mandible TMJ
- 3rd Molar Endodontic
- Airways ENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

INTRAORAL SCANNING/3D PRINTING

- Open STL/PLY files (digital models)
- Invisalign ClearCorrect
- Surgical guide (specify)

- Dual scan
Marked /unmarked denture provided
- Maxillary sinus floor mapping
- Mandibular canal mapping
- Slicing With measurements
- Radiology Report**
- TMJ study**
Open & closed (MIP or bite index)

NOTES _____

DELIVERY

- Printed views DICOM data ONLY
- CD/Flash Drive i-CAT TxStudio/Vision viewer
- Upload to Cloud (Box.com) Planmeca Romexis viewer

Please, call to set an appointment.
 Please bring prescription slip signed by referring doctor.