



**BEVERLY HILLS**  
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 Suite 205,  
 Beverly Hills, Ca 90211  
 (424) 302 0455

**ENCINO**  
 16661 Ventura Blvd.,  
 Suite 508,  
 Encino, CA 91436  
 (818) 3868562

Patient \_\_\_\_\_  Pregnant

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature by patient, parent or responsible party indicates permission has been given to take images as indicated on this prescription and authorizes their release to the referring doctor(s).

Doctor \_\_\_\_\_ Office phone \_\_\_\_\_

Office E-mail \_\_\_\_\_ Date \_\_\_\_\_

**2D DIGITAL IMAGING SURVEYS**

- Beginning     Progress     Final
- Diagnostic Photographs
- Panoramic View
- Lateral Ceph         PA Ceph
- Ceph Tracing    Specify \_\_\_\_\_
- Full Mouth Series (periapicals & bitewings)
- Periapicals \_\_\_\_\_
- Bitewings
- Carpal Index

**3D CBCT DIGITAL SURVEYS**

- Implant     Orthodontic     Endodontic
- TMJ         3rd Molar         Other
- Maxilla     Mandible         Both Arches
- Dual Scan (Radiographic stent or marked denture provided)
- Maxillary sinus floor mapping
- Mandibular canal mapping
- Specify \_\_\_\_\_

**3D INTRAORAL SCANNING & PRINTING**

- iRECORD (open STL file)
- iCAST-ABO base digital
- Hard Models
- Surgical Guide

**DELIVERY**

- DVD given to Patient
- Hard copies mailed to Dental office (2-3 days)
- DICOM, Romexis viewer
- DICOM, TxStudio/Invivo viewer
- Upload to Cloud (same day)
- DICOM only

Notes \_\_\_\_\_  
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