

☐ **BEVERLY HILLS**

292 S La Cienega Blvd., # 205  
Beverly Hills, CA 90211  
Ph: (424) 302 0455  
Fax: (310) 861 8222

☐ **ENCINO**

16661 Ventura Blvd., #508  
Encino, CA 91436  
Ph: (818) 386 8562  
Fax: (818) 301 2331

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).

We do not provide service without the prescription. Payment is required at the time of patient's visit.

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

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

**2D DIGITAL IMAGING SURVEYS**

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

**INTRAORAL SCANNING / 3D PRINTING**

- ☐ iRECORD (open STL file)
- ☐ Invisalign ☐ ClearCorrect
- ☐ iCAST - ABO base digital models
- ☐ Hard models ☐ Articulated
- ☐ Surgical guide

**3D CBCT DIGITAL SURVEYS**

- ☐ Maxilla ☐ Implant
- ☐ Mandible ☐ Orthodontic
- ☐ 3rd Molar ☐ Endodontic
- ☐ TMJ ☐ Airways

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

- ☐ Dual scan
- ☐ Radiographic stent or marked denture provided
- ☐ Maxillary sinus floor mapping
- ☐ Mandibular canal mapping
- ☐ Slicing ☐ With measurements
- ☐ RADIOLOGY REPORT

**NOTES**

**DELIVERY**

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

Please, call to set an appointment.