



BEVERLY HILLS

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ENCINO

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 Encino, CA 91436
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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

- Beginning Progress/Final
- Orthodontic template photos
- Panoramic Carpal index
- Lateral Ceph PA Ceph
- Ceph tracing (specify in notes)
- Full mouth series
- Periapicals Bitewings

3D CBCT DIGITAL IMAGING SURVEYS

- SD resolution** **HD resolution**
- Implant Endodontic
- Mandible TMJ (open & closed)
- Maxilla Airways
- 3rd molar 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 files
- Orthodontic retainers
- 3D Printed models
- Surgical guides

(Please call to fill out a separate form)

- Dual scan *(marked denture provided)*
- Maxillary sinus floor mapping
- Mandibular canal mapping
- Linear measurements (mm)
- Bone density measurements (HU)
- Radiology report** *(specify in notes)*

NOTES _____

DELIVERY *(Up to 5 business days)*

- JPEG Image DICOM data ONLY
- Flash Drive DICOM data with viewer
- Upload to Cloud (Box.com) Planmeca Romexis viewer
- Hard Copies (printed) i-CAT Tx Studio viewer

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