


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- \_\_\_\_\_

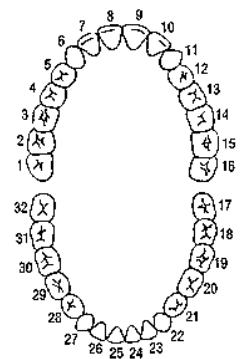
**CEPHALOMETRICS**

- 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-Burn 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



- 21-Impacted tooth # \_\_\_\_\_

**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.

