



\_\_\_\_\_ ( ) \_\_\_\_\_ / / \_\_\_\_\_ \$  
 Patient's Name Patient's Phone Number Date of Birth Appointment Date / Time Fee Estimate

**Call to schedule appointment. Fee due at time of service.**

**3-D Cone Beam CT Scan**

- Orthodontic / Craniofacial Study**
- Corrected panoramic view
  - Lateral ceph, frontal ceph view
  - 3-D Volumetric view
- Beginning  
 Progress  
 Final

*Optional: includes your choice of two of the following*

- Tracing analysis of lateral/frontal views  
 Closed TMJ views  
 Dental impaction views (Tooth # \_\_\_\_\_)  
 Volumetric airway views

**Temporomandibular Joint Study**

- Closed right & left views (9-images)
- Corrected panoramic view
- Submental view

*Optional / Additional views on request*

- Open Mouth  
 Rest  
 With intraoral appliance/bite registration  
 3-D volumetric skeletal view  
 Radiologist Interpretation/Report

**Implant Study (indicate interest areas)**

- 3-D Volumetric skeletal view
- Corrected panoramic view

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

- Implant/Nobel Guide - Dicom**  
 **Impaction Study** (Tooth # \_\_\_\_\_)  
 **Infection/Cyst** (by location) (Tooth # \_\_\_\_\_)  
 **Paranasal Study**  
 **Volumetric Airway Study**  
 **Sleep Study**  
 **Radiologist Interpretation/Report**

**Clinical Photography/Imaging/Models**

- Intraoral & Extraoral Digital Photo Series**  
 Custom Rx \_\_\_\_\_  
 **3-D Surface Imaging**  
 **Plaster Models**  
 **Digital Models**  
 **Digital Models with Virtual Setup**

**Radiography Studies**

- Beginning  Progress  Final  
 Panoramic radiograph  
 Ant PA's  FMX  Posterior BTW  
 Lateral ceph  Frontal ceph  
 Tracing Analysis  
 90° Mandibular occlusion  90° Max occlusion  
 Carpel Index  Height Analysis  
 Other \_\_\_\_\_

**Temporomandibular Joint Radiography (available by request)**

- Right & Left corrected Tomography  Centric relation  
 Other \_\_\_\_\_  Centric occlusion  
 With appliance/Closed  
 Open  Rest  
 Closed

- Dicom Scan to Disk**  **Reports Scan to Disk**  **I-CAT Vision**

Dr's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of next appointment \_\_\_\_\_