RADIOGRAPHIC & PHOTOGRAPHIC PRECISION

DENTAL

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☐ SAN MATEO	424 N. San Mateo Dr. Ste. 100, 94401	Tel: 650.685.8097 Fax: 650.685.8099
☐ MENLO PARK	695 Oak Grove Ave. Ste. 330, 94025	Tel: 650.323.0204 Fax: 650.329.0265
☐ MOUNTAIN VIEW	505 South Dr. Ste. 7, 94040	Tel: 650.965.1320 Fax: 650.428.0505
☐ SAN JOSE	5150 Graves Ave. Building 10, Ste. A, 95129	Tel: 408.446.9729 Fax: 408.446.9799
☐ SAN FRANCISCO WEST PORTAL	362 West Portal Ave., 94127	Tel: 415.753.8701 Fax: 415.753.8703
☐ SAN RAFAEL	1050 Northgate Dr. Ste. 445, 94903	Tel: 415.472.1323 Fax: 415.472.1364
☐ WALNUT CREEK	1900 Olympic Blvd. Ste. 201, 94596	Tel: 925.935.0500 Fax: 925.935.0533
☐ PLEASANTON	1475 Cedarwood Ln. Ste. D, 94566	Tel: 925.846.9291 Fax: 925.846.9260

☐ Mr. ☐ Ms. ☐ Dr.

Patient Name: _____ DOB: _____

Parent/Guardian: _____ Referral Date: _____

Patient Ph. #: _____ Next Appt: _____

Indicate Areas of Interest:

R 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16 L

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Case Delivery Method

ALL Cases Paperless by Default

PAPERLESS OPTIONS

☐ DICOM Only
☐ Ondemand3D
☐ NNT
☐ MPR
☐ NNT+MPR
☐ PRINTS (additional cost applies)

Collaborating Doctor Email _____

2D Digital Imaging

☐ Panograph

☐ Pano + Remaining Teeth (Indicate #'s Above)

☐ Full Mouth X-Ray
☐ 20 Films ☐ VBWS ☐ Grids
☐ 27 Films ☐ HBWS

☐ Paralleling Survey

☐ Single Areas PA (Indicate #'s Above)

☐ Bitewings Survey
☐ Horizontal Films: ☐ 4 ☐ 2
☐ Vertical Films: ☐ 6 ☐ 4
☐ Grids ☐ All Around

☐ Occlusals
☐ Mandible ☐ Maxilla
☐ Topographical

☐ Hand/Wrist Film

☐ Photography

☐ Cephalometric
☐ Lateral ☐ PA ☐ AP
☐ Vertical ☐ Reverse Townes
☐ Waters ☐ 45 ☐ 30 ☐ 15

☐ Cephalometric Tracing
☐ Steiner ☐ Jarabak ☐ Ricketts
☐ Sassouni ☐ Other _____

☐ **2D Orthodontic Survey**
FMX, Pan, Ceph, Tracing, Photos
☐ Beg ☐ Prog ☐ Final

☐ **Limited 2D Ortho Survey**
Pan, Ceph, Tracing, Photos
☐ Beg ☐ Prog ☐ Final

☐ **Custom Orthodontic Survey**

3D Intraoral Scanning

☐ Invisalign
☐ Invisalign Refinement Scan ****
☐ Clear Correct
☐ Vivera Retainer - *Dr. must remove patient's arch wire*

☐ iRecord *(low profile digital model)*
☐ iCast *(ABO base digital model)*
☐ Hard Model Scan

STL File Delivery
☐ By Email
☐ To Laboratory
Lab Name & Email _____

3D CBCT Imaging

1. Choose Scan Dimension


☐ Focused (1-3 adjacent teeth 6x6cm)


☐ Small (12x8cm)


☐ Large (15x15cm)

☐ Mandible
☐ Maxilla
☐ Both Arches

2. Choose Survey: (Indicate AOI #'s Above)

☐ Endodontic^
☐ Facial Pain
☐ General Dental ^
☐ Internal Tooth Resorption ^
☐ Sinus
☐ Implant ^
☐ CBCT FMX & Pan/BW

☐ Post-Op Scan*

☐ Impaction^
☐ Cuspids ☐ Third Molars
☐ Odontoma ☐ Supernumerary

☐ Sleep Apnea (OSAS)
☐ 5G supine scan ☐ w/ Appliance
@ Menlo Park Office Only

☐ TMJ
☐ Open/Closed ☐ Closed
☐ w/ Appliance

☐ 3D Orthodontic
☐ Beg ☐ Prog ☐ Final

☐ 3D Mini Orthodontic (8x8cm)

☐ Orthognathic
☐ Advanced Orthognathic**
☐ Basic Orthognathic***

Implant Surgical Guides

1. Indicate Planning Option

☐ No Guide - Software Conversion Only
☐ Guided Surgery

2. Indicate Planning Program

☐ In2Guide ☐ Simplant ☐ Nobel (Dicom provided)

Implant Type: _____

3. In2Guide ONLY - Choose Virtual Design Option (select one)

☐ No Wax-Up - 3D Intraoral Scan & Merge to CBCT
☐ No Wax-Up - Immediate Extraction (crown in place)
☐ No Wax-Up - 3D Intraoral Scan with Temporary
☐ Virtual Wax-Up - CBCT+ 3D Intraoral Scan (Indicate Tooth #s) 3D
☐ Wax-Up - w/Crownectomy/Virtual Extraction & Ideal Wax-Up
☐ Intraoral Scan of Models & Merge to CBCT
☐ Dual Scan - Marked Denture or Radiographic Guide

4. Virtual Wax-Up Tooth #'s: _____

☐ **Checking this box authorizes C-Dental to order virtual design services from OnDemand3D. These services are rendered and billed by Ondemand3D (Irvine, CA).**

☐ **Need 3D Software Assistance**
☐ **DSD Full Survey** (Large & Small CBCT, iTero & Photos)
☐ **3D Photos**
☐ Full Mouth Reconstruction

CBCT Radiology Report: ☐ NDI - Basic Report ☐ NDI - Analytical Report ☐ BeamReaders ☐ UCLA ☐ Other: _____

Special Instructions:

☐ Bill Doctor ☐ Patient Pays

Referred By:

CA State law requires a signature from the referring physician.

California State Law requires that this written order be presented at time of appointment. Fees are payable at the time services are rendered. Visa, MC, Discover, Cash & Check Accepted. CareCredit Financing Available.

* ^ - See additional notes on the back. *Focused view scans are not compatible with surgical guide fabrication. Basic Radiology Reports CANNOT be ordered for double arch or TMJ open/closed surveys.*