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 Tel: 619.296.6132 Fax: 619.296.2346
☐ **ENCINITAS** 317 N. El Camino Real, Ste. 301, 92024
 Tel: 760.942.2133 Fax: 760.942.9613
☐ **MOBILE VAN** Tel: 760.560.8374 | 760.747.1971

☐ **LA MESA** 8860 Center Dr., Suite 340, La Mesa 91942
 Tel: 619.461.3910 Fax: 619.461.0754
☐ **ESCONDIDO** 919 East Grand Ave., Escondido 92025
 Tel: 760.747.1971 Fax: 760.747.3286

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

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Case Delivery Method

Hard Copy Prints

☐ Paper

Paperless Options

☐ Box.com ☐ CD ☐ Viewer DVD ☐ DICOM Only

Software Delivery

☐ OnDemand3D ☐ NNT ☐ MPR ☐ NNT+MPR

☐ Collaborating Doctor Email _____

2D Digital Imaging

☐ Panograph

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

☐ Pansurvey (Panograph + 8ant & 4bw)

☐ Full Mouth X-Ray

☐ 20 Films ☐ VBWS ☐ Grids
☐ 27 Films ☐ HBWS

☐ Single Area(s) (Indicate #'s Above)

☐ Bitewings Survey

☐ Horizontal Films: ☐ 4 ☐ 2

☐ Vertical Films: ☐ 6 ☐ 4

☐ Grids

☐ Occlusals

☐ Mandible ☐ Maxilla

☐ Topographical

☐ Hand/Wrist Film

☐ Photography

Notes: _____

☐ Cephalometric

☐ Lateral ☐ PA ☐ AP

☐ Vertical ☐ Reverse Townes

☐ Waters ☐ 45 ☐ 30 ☐ 15

☐ Cephalometric Tracing

☐ Steiner ☐ Jarabak ☐ Ricketts

☐ Sassouni Plus ☐ 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

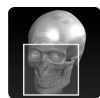
1. Choose Scan Dimension



☐ 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 Evaluation^

☐ Internal Tooth Resorption^

☐ Sinus

☐ Implant^

☐ CBCT FMX & Pan/BW

☐ Post-Op Scan*

☐ Impactions^

☐ Cuspids

☐ Third Molars

☐ Odontoma

☐ Supernumerary

☐ Sleep Apnea (OSAS)

☐ With Appliance

☐ TMJ Survey

☐ Open & Closed

☐ Closed

☐ With Appliance

☐ 3D Orthodontic

☐ Beg ☐ Prog ☐ Final

☐ 3D Mini Orthodontic
(8x8cm)

☐ 3D Orthognathic

☐ Advanced Orthognathic**

☐ Basic Orthognathic***

☐ Chiropractic Vertebrae

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

☐ No Wax-Up - 3D Intraoral Scan with Temporary

☐ Virtual Wax-Up - CBCT+ 3D Intraoral Scan (Indicate Tooth #s)

☐ Wax-Up - w/Crownectomy/Virtual Extraction & Ideal Wax-Up

☐ 3D Intraoral Scan of Models & Merge to CBCT

☐ Dual Scan - Marked Denture or Radiographic Guide

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

☐ Checking this box authorizes MDI 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.