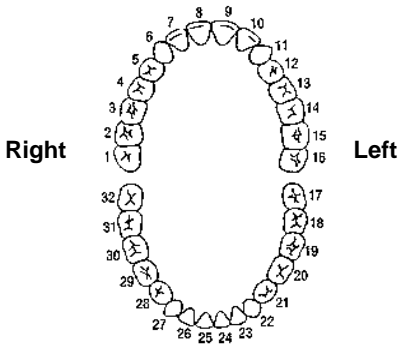


To schedule an appointment, please phone:
(714) 964-6440

DATE: _____ TIME: _____ FEE DUE AT TIME OF SERVICE \$ _____

NAME: _____ DOB: _____

SURVEYS	GPS Navigation instructions!!!
<p><i>(Standing Orders on file)</i></p> <input type="checkbox"/> 1-Orthodontic Survey <input type="checkbox"/> Begin. <input type="checkbox"/> Progress <input type="checkbox"/> Final	<p>GPS location: "10060 Garfield Ave"</p> <p>Suite address: 19012 Brookhurst St</p>
<input type="checkbox"/> 2-Pan-Survey <input type="checkbox"/> Begin. <input type="checkbox"/> Progress <input type="checkbox"/> Final	
<input type="checkbox"/> 3- _____	
CEPHALOMETRICS	<div style="text-align: center;">  <p>Right Left</p> </div> <p style="text-align: center;">Special Instructions</p> <p>_____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> 4-Lateral Skull (<i>Lateral Ceph</i>) <input type="checkbox"/> Tracing of Lateral Ceph <input type="checkbox"/> Begin. <input type="checkbox"/> Progress <input type="checkbox"/> Final	
<input type="checkbox"/> 6-PA Skull (<i>Frontal Ceph</i>) <input type="checkbox"/> Tracing of PA Ceph <input type="checkbox"/> Begin. <input type="checkbox"/> Progress <input type="checkbox"/> Final	
INDIVIDUAL PROCEDURES	<p>Dr. Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
<input type="checkbox"/> 7-Entire Mouth (<i>pa's & bw's</i>) <input type="checkbox"/> 8-Anterior Periapicals (<i>U&L</i>) <input type="checkbox"/> 9-Bitewings <input type="checkbox"/> 10-Panoramic (<i>single film</i>) <input type="checkbox"/> 11-Occlusal - Maxillary <input type="checkbox"/> 12-Occlusal - Topographical 90° <input type="checkbox"/> 13-Occlusal - Mandibular <input type="checkbox"/> 14-Carpal Index (<i>Wrist Film</i>) <input type="checkbox"/> 15-Burn x-rays & photos to CD <input type="checkbox"/> 16-Photographs - color prints <input type="checkbox"/> Email to: _____	

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.

