Rev 07/15

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1040 E. Herndon Ave. #102 Fresno, CA 93720 559-228-9211 559-230-0833 fax

REFERRAL FORM

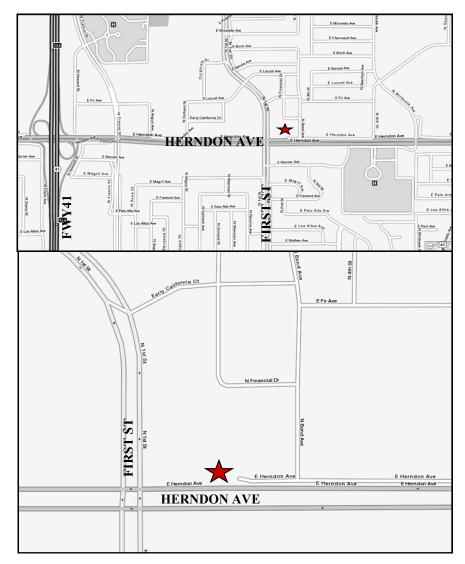
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| *FEES FOR DENTAL X | X-RAYS ARE PAYABLE AT T | SA, OR MASTERCARD ACCEPTED. HE TIME SERVICE IS RENDERED. |
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| Please check procedure requ 3-D CONEBEAM SO | | ODECIAL DACKAGES |
| 3-D CONEBEAM SCAN - CD Dicom File Only D CONEBEAM SCAN Data to be EXTRACTED: * S-1 Panographic X-ray S-2 Lateral Cephalometric X-ray | | SPECIAL PACKAGES 1 Complete Orthodontic Survey (Full Scan, Tracing/Analysis, FMX, Pano, & Photos) 2 Limited Orthodontic Survey (Cont. Tracing/Analysis) |
| S-3: Laters S-4 PA Cephalometri S-5 AP Cephalometri S-6 TMJ (3 views: open, c silices of lateral view of each conc S-7 Cross-Section S above (implants, impacted S-8 Cross-Section S S-9 Sinus (Axial view and soft tissue) S-10 Airway (Digital Volu *ALL SCANS AND X-RAY ON CD UNLESS OTHER | al Ceph Tracing/Analysis c X-ray ric X-ray losed, relaxed; Pano: condyle to condyle, & tyle) can: 1 area; indicate area d, wisdom, etc.) can: Full Arch; indicate arch above Digital Volume Rendering of Lateral Ceph with me Rendering of Lateral Ceph with soft tissue) Y IMAGES(JPG) PROVIDED | (Ceph, Tracing/Analysis, Photos) P PHOTOGRAPHIC SURVEY Standard orthodontic (8 photo layout) Other SPECIAL ORDERS S-11 Nerve Canal Tracing Superior Inferior:R_L OTHER R-1 Radiologists Report S-14 Simplant Conversion S-15 Noble BioCare Conversion S-16 3-D Virtual Treatment Planning Services (Prepared by a Consulting Doct available through the planning process. All treatment Plans must be finalized by the Referring Doctor.) S-17 Virtual Models (Digital Model of Upprand Lower with Viewing Software) |
| FULL MOUTH X-RAYS F Full Set (2 copies) F-1 Occlusal X-ray Only F-2 Bitewing X-ray Only F-3 Single Periapical | | □ SI-1 Superimpositions (Indicate photos of 3-D images, before and after, etc. in special instruction SPECIAL INSTRUCTIONS REGULAR DELIVERY w/in 10 BUSINESS DAYS!! □ Rush: (Extra Fee is Applied-specify date & time) |
| D DUPLICATIONS Indicate | Y DOCTOR BILL | specify date & tille) |

Pacific Dental Imaging

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REFERRAL FORM

| PATIENT | AGE |
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| ADDRESS | |
| DOCTORAPPOINTMENT DATE | TIME |
| WE DO NOT BILL PATIENTS. CASH, CHECK, VI. *FEES FOR DENTAL X-RAYS ARE PAYABLE AT I | |
| INDICATE SPECIFIC AREA OF INTEREST BY CI | RCLING THE NUMBER/LETTER |
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| □ 3-D CONEBEAM SCAN - CD Dicom File Only | SPECIAL PACKAGES |
| 3-D CONEBEAM SCAN Data to be EXTRACTED: * | ☐ 1 Complete Orthodontic Survey (Full Scan, Tracing/Analysis, FMX, Pano, & Photos) |
| S-1 Panographic X-ray | ☐ 2 Limited Orthodontic Survey |
| S-2 Lateral Cephalometric X-ray | (Ceph, Tracing/Analysis, Photos) |
| □ S-3: Lateral Ceph Tracing/Analysis □ S-4 PA Cephalometric X-ray | P PHOTOGRAPHIC SURVEY |
| S-5 AP Cephalometric X-ray | ☐ Standard orthodontic (8 photo layout) |
| | Other |
| S-6 TMJ (3 views: open, closed, relaxed; Pano: condyle to condyle, & slices of lateral view of each condyle) | SPECIAL ORDERS |
| S-7 Cross-Section Scan: 1 area; indicate area | ☐ S-11 Nerve Canal Tracing |
| above (implants, impacted, wisdom, etc.) | ☐ Superior ☐ Inferior:R _L |
| S-8 Cross-Section Scan: Full Arch; indicate arch above S-9 Sinus (Axial view and Digital Volume Rendering of Lateral Ceph with | OTHER |
| soft tissue) | ☐ R-1 Radiologists Report |
| S-10 Airway (Digital Volume Rendering of Lateral Ceph with soft tissue) | □ S-14 Simplant Conversion |
| *ALL SCANS AND X-RAY IMAGES(JPG) PROVIDED | □ S-15 Noble BioCare Conversion |
| ON CD UNLESS OTHERWISE INDICATED | S-16 3-D Virtual Treatment Plan- |
| ☐ This is my first case please send me my free viewing software so I may view the entire scan. | ning Services (Prepared by a Consulting Do available through the planning process. All treatment Plans must be finalized by the Referring Doctor.) |
| | S-17 Virtual Models (Digital Model of Up and Lower with Viewing Software) |
| FULL MOUTH X-RAYS | SI-1 Superimpositions (Indicate photos 3-D images, before and after, etc. in special instructions) |
| ☐ F Full Set (2 copies) | |
| ☐ F-1 Occlusal X-ray Only | SPECIAL INSTRUCTIONS REGULAR DELIVERY w/in 10 BUSINESS |
| ☐ F-2 Bitewing X-ray Only | DAYS!! |
| - 1-2 bitcwing X-ray Only | Rush: (Extra Fee is Applied- |
| ☐ F-3 Single Periapical | |
| | specify date & time) |
| ☐ <i>F-3</i> Single Periapical | |



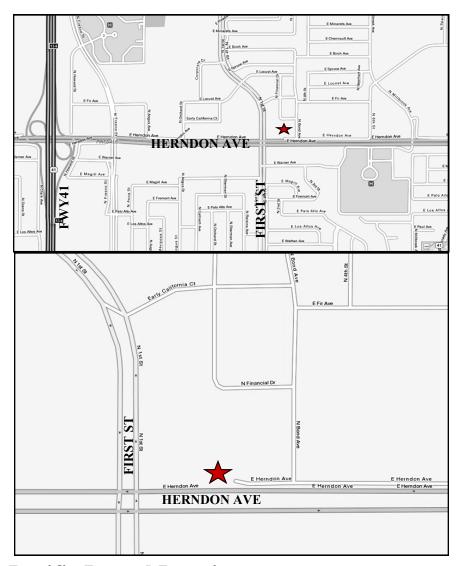
Pacific Dental Imaging

1040 E. Herndon Ave. #102 559-228-9211 559-230-0833

*Our office is located in the ART OF DESIGN Family & Cosmetic Dentistry office.

*2nd Building Off the Northeast Corner of Herndon & First-office is located on the Herndon (south) side of the building

 Easiest to travel north on First and turn right on Early California or Locust then right Bond and then right on the Herndon frontage road which will end at the building's parking lot



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