Diagnostic Services – Order Form

SOUTHWEST OFFICE: 9129 Lurline Ave. Chatsworth, CA 91311 • Phone 800-423-3270 Fax 818-341-4684 • www.SMLglobal.com

Doctor's Name: _____ Office Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Date: _____ Email (if requesting a Digital Report): _____

PLEASE SEND MORE: ☐ Order Forms ☐ Mailing Materials

▶ EVALUATION SERVICES:

☐ Cephalometric Tracing Service Only
Includes: Ceph Tracing & Analysis of your choice and a Patient Folder.
Fee: $ 54.99 / $ 14.99 for each *additional* Tracing and Analysis of your choice

☐ Phone Consultation – By Appointment
Includes: Talk "one-on-one" with our appliance design consultants.
Fee: $34.99

☐ Complete Orthodontic Records Package
Includes: Ceph Tracing & Analysis of your choice, Study Models of your choice, Model Analysis*, Ceph Tracing superimposition (see fig. 2), Patient Folder.

☐ Package #1 – Includes *Digital* Study Models Fee: $ 99.99 (Reg $111.96)
☐ Package #2 – Includes *Plaster* Study Models Fee: $135.99 (Reg $151.96)

☐ Orthodontic Diagnostic Service – A *True* Second Opinion (Evaluated by our *On-Staff* Dentist) – NOTE: Fill-out reverse side of form.
Includes: A Customized Report that contains a Cephalometric Tracing and Analysis, a Model* and Photographic Analysis, a Photographic Layout, a "Patient Specific" Diagnosis, Illustrated Appliance Designs, Detailed "Step-by-Step" Appliance Adjustment Techniques and Sequencing Procedures, Patient Instructions, Informed Consent Document, Appliance Costs, Reference Information and a $20.00 Appliance Voucher.
Fee: $249.99

CHECK APPROPRIATE TRACING AND ANALYSIS

☐ Brehm	☐ DePaul / Tip Edge	☐ Mahony	☐ Ricketts	☐ Sassouni Advanced / Gerber
☐ Carapezza	☐ Gerety	☐ McNamara	☐ Rondeau / I.A.O.	☐ U.S.D.I.
☐ DePaul / PowerProx	☐ Jefferson	☐ Modified Steiner	☐ Sassouni Plus	☐ Other: _____

▶ VISUAL AID OPTIONS:

☐ Ceph Tracing *superimposed* over the Profile Photograph (fig. 1) – Fee: $ 14.99

☐ Ceph Tracing *superimposed* over the Cephalometric X-Ray (fig. 2) – Fee: $ 11.99
NOTE: *Included* when requesting a *Complete Orthodontic Records Package.*

☐ Photographic Layout (requires Facial-Intraoral-Occlusal photos) (fig. 3) – Fee: $ 14.99
NOTE: *Included* when requesting the *Orthodontic Diagnostic Service*.

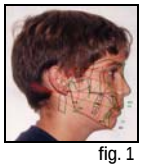
fig. 1

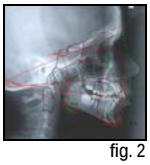
fig. 2

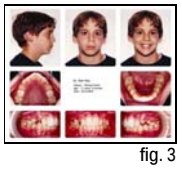
fig. 3

▶ MODEL SERVICES:

☐ Duplicate Models – Fee: $ 19.90

☐ *Digital* Study Models – Fee: $ 24.95**

☐ *Digital* Study Models with PowerProx I.P.R. Model Analysis – Fee: $133.50

☐ *Plaster* Study Models – Fee: $ 69.99

☐ Schwarz (arch width) Model Analysis* – Fee: $ 14.99
NOTE: *Included* when requesting the *Complete Orthodontic Records Package* or *Orthodontic Diagnostic Service*.

▶ REPORT FORMAT:

☐ Printed Report ☐ Digital Report

Special Instructions: _____

Signature: _____ License #: _____

*The type of model analysis provided is dependant upon the type of cephalometric analysis that is selected. **Impression trays/models are not returned unless otherwise indicated. Service fees and certain special requests do not include shipping charges and/or applicable taxes. Prices effective April 2012 and are subject to change without notice.

Treatment Objectives – Patient History – Records – Processing Time

NOTE: Fill out the following when the ***Orthodontic Diagnostic Service*** is requested.

▶ TREATMENT OBJECTIVES:

Describe, in detail, your major objectives of treatment (VERY IMPORTANT):

Describe your patient's major concerns (VERY IMPORTANT):

▶ TREATMENT PHILOSOPHY PREFERRED: _____

▶ TYPE OF APPLIANCE PREFERRED:

☐ Removable ☐ Fixed ☐ Brackets / Straightwire ☐ No Preference **OPTIONAL:** ☐ Fabricate Appliance(s)

▶ MEDICAL AND DENTAL HISTORY:

Describe any previous orthodontic treatment (in detail):

Oral Hygiene Habits (Patients with inadequate oral hygiene are poor candidates for fixed therapy):

Are there any prosthetic considerations? (Missing teeth, veneers, bridges, crowns, partials, etc.):

Are there any periodontal considerations? (Loss of crown length, tipped molars, food traps, etc.):

Accidents (Can cause TMJ dysfunction, pupal damage, loss of the PDL and ankylosis):

Does patient engage in any sports activities? (i.e. contact sports, basketball, biking, skating, etc.):

Does patient play musical instrument? (i.e. trumpet, violin, clarinet, etc.):

Airway Problems (Snoring, sleep apnea, allergies, enlarged tonsils and adenoids, or sinus obstruction can affect normal growth and development):

Tongue (Check your patient for tongue size, rest position, abnormal frenum attachment and any swallowing abnormalities):

Habits (Tongue, thumb, finger and lip habits can cause orthopedic & orthodontic abnormalities and can directly affect success of appliance therapy):

TMJ (Bruxism, grinding, abnormal popping, clicking and crepitus are all signs and symptoms of an unhealthy TMJ):

▶ REQUIRED RECORDS:

Orthodontic Diagnostic Service

- ☐ Models
- ☐ Bite Registration
- ☐ Cephalometric X-Ray
- ☐ Panorex X-Ray
- ☐ Photographs

▶ PROCESSING TIME (average):

- Cephalometric Tracing Service: 1-2 days
- Complete Orthodontic Records Package: 5-10 days
- Orthodontic Diagnostic Service: 5-10 days
- ORTHOpix Digital Study Models: 3-5 days
- Plaster Study Models: 5-10 days

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