

PRESCRIPTION FORM – PLEASE BRING THIS WITH YOU TO YOUR APPOINTMENT

1310 West Stewart Dr. Ste. 201
Orange, CA 92868-3837

OC Scan

Oral-Facial Imaging

Phone: 714-538-8300

Fax: 714-538-5047

3D Volumetric Tomography using
Carestream CS 9300C Cone Beam CT

Email: Info@ocscans.com
www.ocscans.com

PATIENT INFORMATION:

Name: _____
Phone Number: _____

DOCTOR INFORMATION:

Name: _____
Signature: _____

BILL DOCTOR

APPOINTMENT: DATE: _____ TIME: _____ FEE: \$ _____ RUSH ORDER: \$25.00 FEE (ready in 48 hours)

ORTHODONTIC 2D DIGITAL X-RAYS & 3D SURGICAL SCAN/SURVEY

EXAM STATUS: **BEGINNING** **PROGRESS** **FINAL** **PRE-OP** **POST-OP**

ORTHODONTIC SURVEY (2D) DIGITAL X-RAYS

Package includes printed and or emailed jpg and pdf of:

- Photographs standard 8 (intraoral and extraoral)
- Panoramic x-ray
- Right lateral cephalometric x-ray

Please check box if you would like cephalometric tracing

Ceph tracing/analysis Steiner S/T/W Downs Ricketts Sassouni Other _____

ADDITIONAL 2D X-RAY Frontal (A-P) cephalometric Panoramic only

ORTHODONTIC SURGICAL (3D) 17X13CM CBCT SCAN & SURVEY

Package includes printed pages and CD of 3D DICOM data with viewing software in addition to:

- Photographs 13 views (intraoral and extraoral)
- Panoramic x-ray
- Right lateral cephalometric x-ray
- 3D Right and left lateral head views
- 3D frontal head view
- 3D airway
- Cross sections (axial inclination of teeth & thickness of facial bone)
- TMJ frontal & lateral tomograms (slices)
- **Ceph tracing/analysis** Steiner S/T/W Downs Ricketts Sassouni Other _____

ADDITIONAL STUDIES

Asymmetric patient (extra page / 4 extra photos to demonstrate asymmetry)

DICOM (CBCT raw data) and software without a survey (Email data or CD)

3D CONE BEAM VOLUMETRIC TOMOGRAPHY / CBCT

SCAN TYPE: **IMPLANT** OR **IMPACTION** OR **PATHOLOGY** OR **ENDODONTIC**
printed pages & CD w/ DICOM to be mailed

MAXILLA: 10x5cm Full arch (2mm slices) or Area(s) of interest (1mm slices)

MANDIBLE: 10x5cm Full arch (2mm slices) or Area(s) of interest (1mm slices)

MAX & MAND: 10x10cm Full arch (2mm slices) or Area(s) of interest (1mm slices)

LIMITED VIEW: 5x5cm Maxilla or Mandible

(high resolution)

With Measurements per Arch

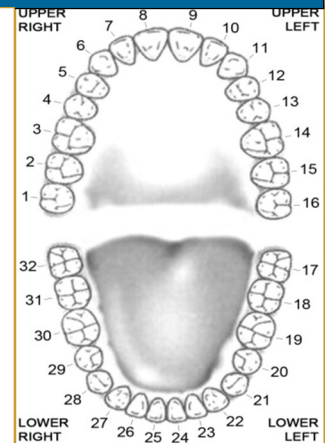
Rotating 3D animation

Trace the inferior alveolar canal: YES NO

DICOM (CBCT raw data) and software without a survey (Email data or CD)

Radiographic guide (stent) provided by Dr. Return to patient or Return with survey

Nobel SimPlant SimPlant Conversion Other Protocol _____



TEMPOROMANDIBULAR JOINT 3D CBCT & SURVEY

COMPREHENSIVE VOLUMETRIC TMJ SURVEY printed pages & CD w/ DICOM to be mailed, 17x13cm scan includes:

- TMJ frontal and lateral tomograms (slices)
- Frontal 3D head view
- Right and left lateral 3D head views
- Panoramic x-ray
- Rotating 3D animation

LIMITED FIELD VOLUMETRIC TMJ SURVEY printed pages & CD w/ DICOM to be mailed, 17x5cm scan includes:

- TMJ frontal and lateral tomograms (slices)
- 3D detail views

HATCHER SERIES printed pages & CD w/ DICOM to be mailed, 17x13cm scan includes:

- Comprehensive TMJ survey
- Photos showing range of motion
- Radiology report

RADIOLOGY REPORT COMMENTS/SYMPTOMS FOR RADIOLOGIST TO KNOW: _____

DICOM TMJ (CBCT raw data) and software without a survey (Email data or CD)

DIGITAL PHOTOGRAPHS VIA SECURE EMAIL OR DROPBOX JPG AND PDF:

- Photo series 8 views on one page
- Photo series 13 views on two pages

PRINTED PHOTOGRAPHS MAILED:

- Photo series 8 views on one page
- Photo series 13 views on two pages

ADDITIONAL PRINTS OR CD:

- X-rays
- Photos

SCAN MODELS TO GENERATE STL FILES:

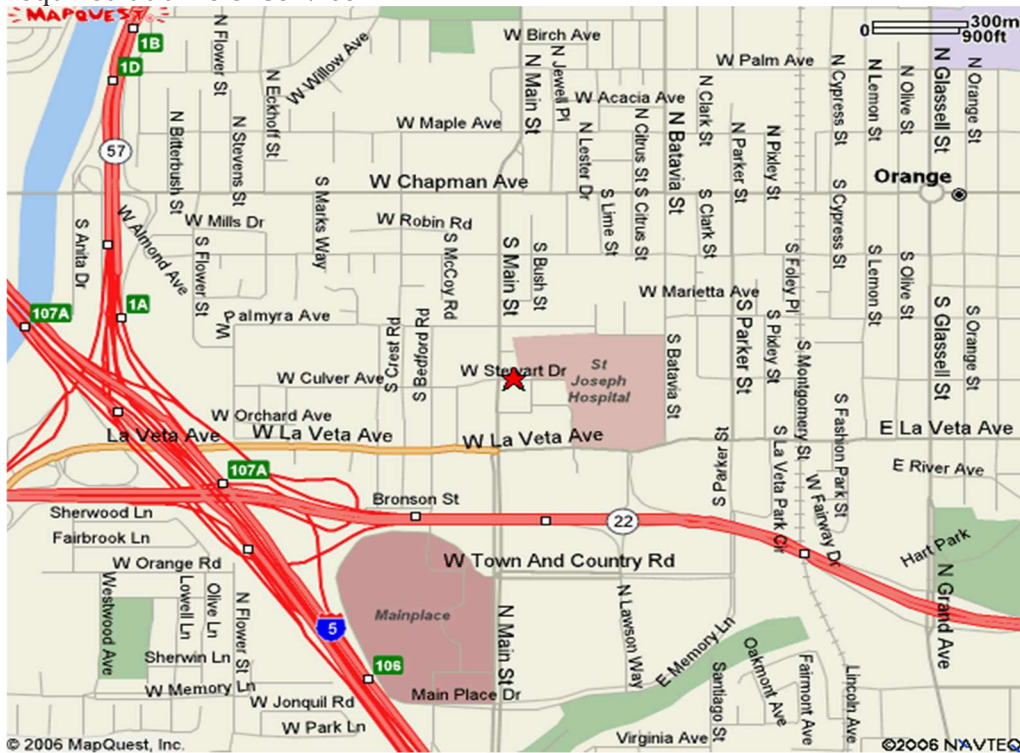
- 1 arch
- 2 arches
- Email stl file to _____ @ _____

EXPECTED TURN AROUND TIMES

- Orthodontic Survey: no ceph tracing report mailed or emailed (jpg & pdf format).....3 working days
- Orthodontic Survey: with tracing report will be mailed USPS & emailed (jpg & pdf format).....5 working days
- Orthodontic Surgical Comprehensive Survey.....7 working days
- Implant, Impaction or Pathology comprehensive surveys.....7 working days
- Temporomandibular Joint (3D) printed pages & CD w/ DICOM USPS mailed7 working days
- DICOM can given to patient, mailed or emailedsame day

IMPORTANT PATIENT INSTRUCTIONS

- 1.) Please Bring this Rx/Prescription Form with you to your appointment
- 2.) Please brush your teeth, removed head and neck jewelry
- 3.) Remove non-permanent appliances such as retainers, partials, etc.
- 4.) Please contact our office within 24 hours to reschedule or cancel your appointment
- 5.) Please park in the St. Joseph’s / Providence Building Parking Structure, we will validate your parking
- 6.) Payment is required at time of service



***OC Scan Oral-Facial Imaging is located inside the Providence Building**