

# Dental Center Imaging

2849 Webster Street

Oakland, CA 94609

510-893-8027

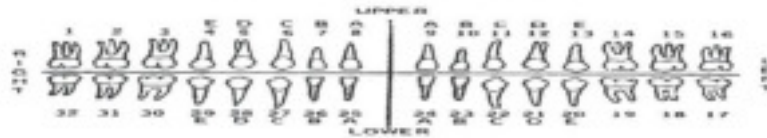
DentalCenterImaging.biz

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Patient \_\_\_\_\_ DOB \_\_\_\_\_

Appointment date \_\_\_\_\_ Time \_\_\_\_\_

California law requires that this written order be present at time of appointment. Insurance payment may be refunded to you by the carrier. Fees are payable at the time services are provided.



1.  Full Series 24 images  16 images  20 images
2.  Bitewing 4 images  anterior and posterior  vertical
3.  Single area \_\_\_\_\_
4.  Panoramic  Bitewings  Sinus  TMJ
5.  Lateral Cephalometric  PA  Carpel Index  other
6.  Diagnostic Photograph
7.  Orthodontic Survey Limited (ceph, tracing, photo)
8.  Orthodontic Survey Custom

### 3-D images

9.  CT 3-D images \_\_\_\_\_

### Delivery

Box.com  E-mail  CD  Print

Special Instruction: \_\_\_\_\_

Doctor \_\_\_\_\_