

# BROCKTON DENTAL X-RAY LAB., INC.

6800 Brockton Av., Ste 3 (upstairs) • Riverside, CA 92506 • (951) 682-7505

FAX (951) 682-7549

**\* BRING THIS LAB SLIP TO APPOINTMENT \***

Website: [www.bdxlinc.com](http://www.bdxlinc.com) **Map On Back**

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_

APPT. DATE

TIME

### ORTHODONTIC SURVEYS:

BEGINNING  PROGRESS  FINAL

PANORAMIC

PANORAMIC SURVEY (Inc. Anteriors, Bitewings + Duplication)

ADULT ENTIRE MOUTH (Inc. Bitewings + Duplication)

BITEWINGS

MAXILLARY OCCLUSAL

MANDIBULAR OCCLUSAL

CEPHALOMETRIC PROFILE  Tracing \_\_\_\_\_

Lips at Rest  Lips Together

POSTERIOR-ANTERIOR SKULL  Tracing

CLINICAL DIGITAL PHOTOGRAPHS (3 facial + 5 teeth)

SPECIAL NOTES:

### VOLUMETRIC SCAN (Cone Beam CT)

ORTHODONTIC SERIES  TMJ SERIES

Open  Closed

IMPLANT SERIES

MX ARCH

MD ARCH

Right  Left

Right  Left

AIRWAY SERIES

CUSTOM SIMPLANT CONVERSION

RADIOLOGIST REPORT (recommended)

ADVANCED IMAGING REPORT (includes radiologist report)

SURGICAL GUIDE (Blue Mousse bite needed)

### FLUROSCOPY (Motion X-Ray)

TMJ SERIES

AIRWAY SERIES

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LEFT
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

### INTRA ORAL SCAN

INVISALIGN

IMPLANT

VIRTUAL MODELS

PRINTED MODELS

### PAYMENT RESPONSIBILITY

Doctor

Patient (Fee: \$ \_\_\_\_\_)

Referred By: \_\_\_\_\_

Doctor's Name or Dental Group

**PLEASE CALL TO SCHEDULE AN APPOINTMENT**

**\* PAYMENT REQUIRED AT TIME SERVICES ARE RENDERED • 24 HOUR NOTICE OF CANCELLATION \***