



9146 SEPULVEDA BLVD # A,  
NORTH HILLS CA 91343

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Patient \_\_\_\_\_  Pregnant  
DOB \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature by patient, parent or responsible party indicates permission has been given to take images as indicated on this prescription and authorizes their release to the referring doctor(s).  
Doctor \_\_\_\_\_ Office phone \_\_\_\_\_  
Office E-mail \_\_\_\_\_ Date \_\_\_\_\_

**2D DIGITAL IMAGING SURVEYS**

- Beginning     Progress     Final
- Diagnostic Photographs
- Panoramic View
- Specify \_\_\_\_\_
- Full Mouth Series (periapicals & bitewings)
- Periapicals \_\_\_\_\_
- Bitewings \_\_\_\_\_

**3D CBCT DIGITAL SURVEYS**

- Implant     Orthodontic     Endodontic
- TMJ     3rd Molar     Other
- Maxilla     Mandible     Both Arches
- Maxillary sinus floor mapping
- Mandibular canal mapping
- Specify \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DELIVERY**

- CD/DVD     Upload to Cloud     DICOM data     2-3 days
- Tx Studio/Invivo viewer

Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_