

Cephalometric Tracing Department Doctor: Please complete separate form for each patient Date:	rder #:	Office Use Only Date Received:
Dr. Name: Dr. #:	<u>nt</u>	
Email Address:	ate Wanted:	Date:
Email Address:	r. #:	Dr. Name:
Bimler \$41.95 Sassouni Plus \$41.95 Rondeau \$41.95 Treatment Plan/Ceph Interp. (B. Middle) \$88.50 + ceph charge Includes: Cast Analysis, Schwarz Measurement, & appliance suggestions Schwarz Korkhaus Measurement \$12.00 Hold model for appliance fabrication: Yes No Digital Study Models needed: Yes No Patient's Age: First Name: Last Name:		Address:
Treatment Plan/Ceph Interp. (B. Middle) \$88.50 + ceph charge Includes: Cast Analysis, Schwarz Measurement, & appliance suggestions Schwarz Korkhaus Measurement \$12.00 Hold model for appliance fabrication: Yes No Digital Study Models needed: Yes No Patient's Age:		Email Address:
Hold model for appliance fabrication: Yes No Digital Study Models needed: Yes No Description:	ph charge	Treatment Plan/Ceph Interp. (B. Middle
Digital Study Models needed: Yes		Schwarz Korkhaus Measurement \Box \$1
Patient's Age: First Name: Last Name:		Hold model for appliance fabrication:
First Name: Last Name:		Digital Study Models needed:
		Patient's Age:
Male: Female:		First Name: Las
		Male: ☐ Female: ☐
Signature:		Signature:

FM 432-101-78

Email To: karol@fivestarortho.com