



**CEPHALOMETRIC TRACING DEPARTMENT RX**

**Office Use Only**

Date Received: \_\_\_\_\_ Order #: \_\_\_\_\_

**Doctor: Please complete separate form for each patient**

Date: \_\_\_\_\_ Date Wanted: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

**Sassouni Plus**  \$45.00

**Rondeau**  \$45.00

**Treatment Plan/Ceph Interp. (B. Middle)**  \$100 + ceph charge

**Includes: Cast Analysis, Schwarz Measurement & appliance suggestions**

**Schwarz Korkhaus Measurement**  \$15.00

**Hold model for appliance fabrication:** Yes  No

**Digital Study Models needed:** Yes  No

Patient's Age: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Male:  Female:

Signature: \_\_\_\_\_

**Email To:** ceph@fivestarortho.com

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