



APPOINTMENT IS NECESSARY: CALL OR BOOK ONLINE WWW.DENTXIMAGING.COM

PLEASE BRING THIS PRESCRIPTION WITH YOU TO YOUR APPOINTMENT

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PATIENT NAME _____ DOB _____

REFERRING DOCTOR & PHONE NUMBER _____

PROVIDE EMAIL ADDRESS FOR DIGITAL COPIES _____

BILL TO [] DOCTOR [] PATIENT

PAYMENT IS DUE WHEN SERVICES ARE RENDERED

X-RAYS

- [] ORTHO SURVEY [] BEG [] PROG [] FINAL
[] PANORAMIC FILM [] DUPLICATE
[] LATERAL CEPH [] TRACING (TYPE _____)
[] PA SKULL [] AP SKULL [] TRACING
[] CARPAL INDEX (WRIST)
[] CLINICAL PHOTOGRAPHS
[] BITEWINGS
[] PERIAPICALS

Table with 16 columns and 3 rows for tooth numbering (RT and LT sides).

CT SCAN / CONE BEAM 3D i-CAT

- [] IMPLANTS [] MAXILLA [] MANDIBLE
[] CD [] PRINTED COPY [] EMAIL
[] TMJ CLOSED [] TMJ OPEN [] OTHER
[] RADIOLOGIST REPORT

SPECIAL INSTRUCTIONS box with QR code and DentX logo.