



# CEPHALOMETRIC ANALYSIS REQUEST FORM



Patient: Sample\_ID: 5127, Female, Age: 30y On (DOB: 12/11/1987)  
12/11/2017 Instel: Analysis: Biodynamic Norm: N/A

Value	Norm	Std Dev	Dev Dev
<b>BASE - Cranial Base Point</b>			
S1 - Sphenion (°)	133.0	23.0	4.0
S1 - PTC (°)	123.0	14.0	4.0
<b>S42770 - S42770 - S42770</b>			
S42770 (°)	84.0	42.0	3.0
S42770 (°)	76.0	40.0	2.0
S42770 (°)	82.0	38.0	2.0
<b>S42770 - S42770 - S42770</b>			
S42770 (°)	64.0	42.0	3.0
S42770 (°)	70.0	39.0	2.0
S42770 (°)	76.0	35.0	2.0
<b>BASEPOINT - Mandibular-Point Relations</b>			
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
<b>BASEPOINT - Max-Mandibular Relations</b>			
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
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M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
<b>BASEPOINT - Mandibular-Point Relations</b>			
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
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<b>BASEPOINT - Mandibular-Point Relations</b>			
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
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M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
<b>BASEPOINT - Mandibular-Point Relations</b>			
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
M - M (°)	13.0	2.0	1.0
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M - M (°)	13.0	2.0	1.0

Patient Name: \_\_\_\_\_

Male Female

Patient DOB: \_\_\_\_\_

Date records made: \_\_\_\_\_

Email your cephalometric x-ray to: **trace@cephanalysis.com**

Mail your original cephalometric x-ray to: **D.E.T. · 11424 Cherrisse Dr. · Austin, TX 78739 USA**

**CEPHALOMETRIC ANALYSIS REQUESTED (Please circle all analyses needed):**

<b>ABO</b>	<b>Biodynamic</b>	<b>Bjork</b>
<b>Burstone</b>	<b>Clark</b>	<b>COGS</b>
<b>DiPaulo</b>	<b>Downs</b>	<b>Eastman</b>
<b>Harvold</b>	<b>Kois</b>	<b>McGann</b>
<b>McLaughlin</b>	<b>McNamara</b>	<b>Modified Steiner</b>
<b>Owen Block</b>	<b>POS</b>	<b>Ricketts</b>
<b>Rondeau</b>	<b>Sassounni</b>	<b>Steiner</b>
<b>Tweed</b>	<b>V.T.O Holdaway</b>	<b>Wits</b>

**\*custom analyses available free of charge**

**I WOULD LIKE TO:**

Email my cephalometric x-ray for analysis	<b>\$39.00 U.S.</b>
Mail my cephalometric x-ray for analysis	<b>\$45.00 U.S.</b>
Superimposition in addition to ceph analysis	<b>\$25.00 U.S.</b>
Organize patient records- Photos, Models and X-rays	<b>\$26.00 U.S.</b>

\*Request for 24hr service-additional fee \$10.00 U.S.

Payment to D.E.T. must be included with records and order form Total: \$ \_\_\_\_\_ U.S.

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

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

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Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I will pay by: Check (enclosed- mailed ceph only) MC Visa Amex Amount Payable to D.E.T.: \$ \_\_\_\_\_

Acct. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-4 digit security code: \_\_\_\_\_