



CEPHALOMETRIC ANALYSIS REQUEST FORM



Patient: Sample_ID: 3327; Female; Age: 30y On (DOB: 12/11/1987)
12/12/2017 Initial Analysis: Biodynamic Norm: N/A

Value	Norm	Std Dev	Dev	Dev
3626: Cranial Base Point	120.0	230.0	4.0	0.4
36: Basion (°)	120.2	120.0	4.0	0.2
36-PT (°)				
3402761: S-N Position	64.8	62.0	3.0	0.8
344 (°)	71.0	65.0	3.0	1.5 **
345-PT (°)	71.0	65.0	3.0	1.5 **
345 (°)	71.0	65.0	3.0	1.5 **
346 (°)	71.0	65.0	3.0	1.5 **
347 (°)	71.0	65.0	3.0	1.5 **
348 (°)	71.0	65.0	3.0	1.5 **
349 (°)	71.0	65.0	3.0	1.5 **
350 (°)	71.0	65.0	3.0	1.5 **
351 (°)	71.0	65.0	3.0	1.5 **
352 (°)	71.0	65.0	3.0	1.5 **
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387 (°)	71.0	65.0	3.0	1.5 **
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397 (°)	71.0	65.0	3.0	1.5 **
398 (°)	71.0	65.0	3.0	1.5 **
399 (°)	71.0	65.0	3.0	1.5 **
400 (°)	71.0	65.0	3.0	1.5 **

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 Cherisse Dr. · Austin, TX 78739 USA**

CEPHALOMETRIC ANALYSIS REQUESTED (Please circle all analyses needed):

<p>ABO Burstone DiPaulo Harvold McLaughlin Owen Block Rondeau Tweed</p>	<p>Biodynamic Clark Downs Kois McNamara POS Sassouni Wits</p>	<p>Bjork COGS Eastman McGann Modified Steiner Ricketts Steiner</p>
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***custom analyses available free of charge**

I WOULD LIKE TO:

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

Signature: _____