

423 South 13th Street • Terre Haute, Indiana 47807 • www.johnsdental.com • 800/457-0504

DR. NAME: \_\_\_\_\_ DATE SENT: \_\_\_\_\_ DATE WANTED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE WANTED should be at least one day prior to appointment date.  
Please do not count weekends, holidays or days in transit as production days.

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ RACE: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Male  Female BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must have to complete tracing!) X-RAY (Date taken): \_\_\_\_/\_\_\_\_/\_\_\_\_  
REQUIRED

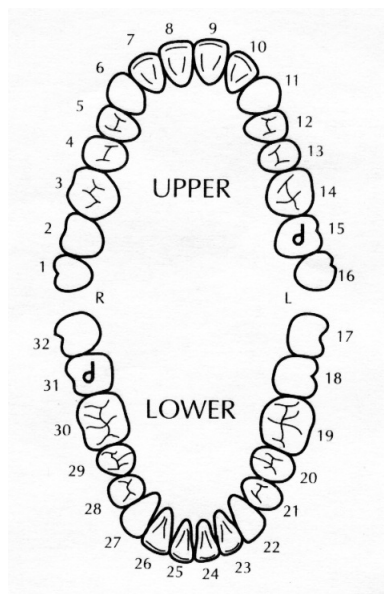
E-MAIL: \_\_\_\_\_ Your ceph tracing cannot be completed without the above information!

Please note: The quality of x-ray will greatly influence the results of the tracing. Take the x-ray with teeth in occlusion and lips at rest. Please check for clear landmarks and a good reproduction of the soft tissue.

**Special Handling Instructions: Cephalometric Tracings: For Lab Use**

- \_\_\_\_ I am a new customer
- \_\_\_\_ Call me before doing tracing
- \_\_\_\_ Hold master models for appliances
- \_\_\_\_ Dr. will call after receiving report
- \_\_\_\_ Return report by fax
- \_\_\_\_ Send:  Boxes  Shipping Labels
- Gen. Lab Rx  Ortho Rx
- Ceph Rx

- \_\_\_\_ Bimler
- \_\_\_\_ Bjork / Jarabak
- \_\_\_\_ Bonacord Tracing Report
- \_\_\_\_ Brehm
- \_\_\_\_ Clark
- \_\_\_\_ Downs
- \_\_\_\_ Frontal
- \_\_\_\_ Functional
- \_\_\_\_ Gerety
- \_\_\_\_ Gerber Sassouni
- \_\_\_\_ I.A.O.
- \_\_\_\_ Jackson  Basic  Adv.
- \_\_\_\_ Ricketts  Ricketts Baker
- \_\_\_\_ Mahony
- \_\_\_\_ McCann
- \_\_\_\_ Oliver
- \_\_\_\_ Owen
- \_\_\_\_ Rondeau
- \_\_\_\_ Sassouni Plus
- \_\_\_\_ Sim-20  Sim-Gordon
- \_\_\_\_ Steiner
- \_\_\_\_ Transcranial (Gelb 4/7)\*
- \_\_\_\_ Tweed
- \_\_\_\_ U.S.D.I. with wiggle graph
- \_\_\_\_ U.S.D.I. Contemporary (new)
- \_\_\_\_ Other



- Enclosed (with white Rx) Sent under separate cover (with yellow Rx)**
- \_\_\_\_ Upper model
  - \_\_\_\_ Lower model
  - \_\_\_\_ Wax bite(s)#
  - \_\_\_\_ Photograph(s)#
  - Other: \_\_\_\_\_
  - \_\_\_\_ Ceph x-ray
  - \_\_\_\_ Panoramic x-ray
  - \_\_\_\_ Transcranial
  - \_\_\_\_ Frontal x-ray
  - \_\_\_\_ P.A. #
  - \_\_\_\_ Tomograph #
  - Other: \_\_\_\_\_
  - Ceph was e-mailed  (please check)
  - ceph@johnsdental.com

- Tracing Options and Record Models**
- Tracing printed on: \_\_\_\_\_ Glossy paper (and\*/or)
- \_\_\_\_ Additional copy of report\*
  - \_\_\_\_ Sim/Bonacord model analysis\*
  - \_\_\_\_ Schwartz model analysis\*
  - \_\_\_\_ Schwartz-Korkhaus model analysis\*(Mahony)
  - \_\_\_\_ Witzig analysis\* (original)
  - \_\_\_\_ Witzig/Gordon model analysis\*
  - \_\_\_\_ Bite made on Denar-Witzig articulator\*
  - \_\_\_\_ Soaped record models\*
  - \_\_\_\_ Unsoaped record models\*
  - \*Indicates additional billing items*
  - Check here if you would like your reports e-mailed to you.**

**Special Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DR'S SIGNATURE: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
REQUIRED BY LAW

The information from these various analyses is suggestive only. Final interpretation, diagnosis and treatment are the decision and sole responsibility of the doctor.