



423 South 13th Street • Terre Haute, Indiana 47807 • www.johndental.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

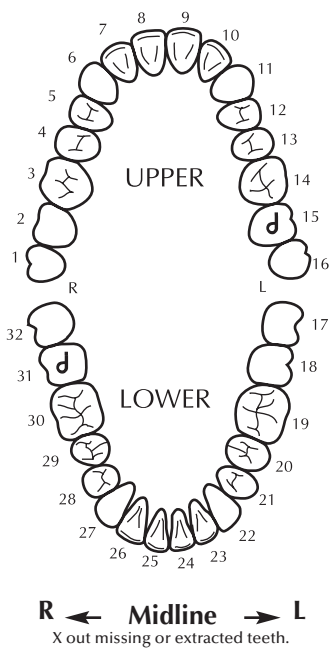
E-MAIL: _____ Your ceph tracing cannot be completed without the above information!

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 Other
- ____ 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)



Enclosed (with white Rx) Sent under separate cover (with yellow Rx)

- ____ Upper model
- ____ Lower model
- ____ Ceph x-ray
- ____ Frontal x-ray
- ____ Wax bite(s)#
- ____ Photograph(s)#
- ____ Panoramic x-ray
- ____ P.A. #
- ____ Transcranial
- ____ Tomograph #
- Other: _____
- Other: _____
- Ceph was e-mailed (please check)
- ceph@johndental.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.

Accounts are due and payable upon receipt of monthly statement. All amounts not paid by the 23rd day of the month following the statement date are subject to a service charge on the unpaid balance at the rate of 2% per month. (24% per annum). Accounts not paid within these credit terms will be subject to C.O.D. status. Client pays, in full, the stated price of the goods, plus any service charges, plus all costs of collection including attorneys' fees, court costs & other reasonable expenses.

WHITE: Send under separate cover with models, YELLOW: Enclosed with X-ray, PINK: Doctor's copy