

Ceph & Record Models Rx



Laboratory Prescription
R1200.2 - 08.2025

Required Information

Doctor Name _____	Patient Name _____
License No. _____	<input type="checkbox"/> M <input type="checkbox"/> F DOB _____ (Required)
Doctor Signature _____ (Required)	Date Sent _____ Date Due _____
Address _____	Date X-Ray was Taken _____
City _____ State _____ ZIP _____	<input type="checkbox"/> I am a New Customer <input type="checkbox"/> Please Contact Me on this Case
Phone _____ Fax _____	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.
Email _____	

Special Handling Instructions

- ☐ Call Me Before Doing Tracing
- ☐ Return Report by Email
- ☐ Return Report by Email + Ship
- ☐ Return Report by Fax
- Send: ☐ Boxes ☐ Shipping Labels
- ☐ Rx _____

Cephalometric Tracings

- | | | |
|--|---|--|
| <input type="checkbox"/> Bimler | <input type="checkbox"/> Jackson <input type="checkbox"/> Basic <input type="checkbox"/> Adv. | <input type="checkbox"/> Steiner |
| <input type="checkbox"/> Bjork / Jarabak | <input type="checkbox"/> Mahoney | <input type="checkbox"/> Tweed |
| <input type="checkbox"/> Brehm | <input type="checkbox"/> Owen | <input type="checkbox"/> U.S.D.I with Wiggle Graph |
| <input type="checkbox"/> Downs | <input type="checkbox"/> Ricketts | <input type="checkbox"/> U.S.D.I. Contemporary |
| <input type="checkbox"/> Functional | <input type="checkbox"/> Rondeau | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gerety | <input type="checkbox"/> Sassouni Plus | |

Materials Provided

- ☐ Upper Model ☐ Lower Model
- ☐ Wax Bite(s)# ☐ Photograph(s)#
- ☐ Ceph X-Ray ☐ Frontal X-Ray
- ☐ Panoramic X-Ray
- Other _____
- ☐ Ceph was Emailed
(ceph@johnsdental.com)

Model Analysis Options

- | | |
|---|---|
| <input type="checkbox"/> Schwartz Model Analysis* | <input type="checkbox"/> USDI Model Analysis* |
| <input type="checkbox"/> Schwartz-Korkhaus Model Analysis* (Mahony) | |
| <input type="checkbox"/> Sim/Bonacord Model Analysis* | |

Record Models

- | | |
|---|--|
| <input type="checkbox"/> 3D Printed Record Models* | <input type="checkbox"/> Soaped/Labeled Record Models* |
| <input type="checkbox"/> Digital Record Models*
(Email Only) | <input type="checkbox"/> Unsoaped/Unlabeled Record Models* |
- *Indicates additional billing items

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 accounts not paid by the 23rd day of the month following the statement 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, and other reasonable expenses.

Special Instructions