Montgomery Radiographic Services

MRS Imaging

"Dental & Maxillofacial Radiography"

www.mrsimaging.com

- Please call to schedule an appointment-

SANTA ANA
TIME MEDICAL PLAZA
720 N. Tustin Ave., #204, **SANTA ANA**, CA 92705-3606
Phone (714) 835-7260 FAX (714) 835-5808

PATIENT_____ AGE _____ APPT. DATE_____ TIME _____ FEE _____

EXAM STATUS: ❑ BEGINNING ❑ PROGRESS ❑ FINAL

2D ORTHODONTIC & SURGICAL EXAMS

____ **Standard Exam: Dr. Rx on file**

____ **Orthodontic FMX Survey**

Ceph, Tracing, Pan, 20 PA FMX series, Photos

____ **Orthodontic Anterior/BW Survey**

Ceph, Tracing, Pan, Anterior/Bitewing PA's, Photos

____ **Orthodontic Limited Survey**

Ceph, Tracing, Pan, Photos

____ **Orthodontic Cephalometric Survey**

Ceph, Tracing, Photos

2D CEPH/PAN X-RAYS (SINGLE FILMS)

❑ LATERAL CEPH ❑ TRACING_____

❑ PA or AP CEPH ❑ TRACING_____

❑ **Panoramic**

SPECIAL REQUESTS

_____

_____

_____

GENERAL PROCEDURES

____ **FMX (20 PA's)**

____ **Anterior PA's Max/Mand**

____ **Bitewings (4)**

____ **Occlusals: ____ Max ____ Mand**

____ **Carpal Index**

____ **Clinical Photographs**

____ **Duplicate Records**

Digital Intraoral Scan *by Itero*

____ **Invisalign** ____**.slt files**

TOOTH SPECIFIC SITE MAP

MAXILLA

R 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16 L

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

MANDIBLE

CONE BEAM VOLUMETRIC TOMOGRAPHY

(CBVT) *digital 3-D oral & maxillofacial scan*

____ **TMJ/Closed and Open**

____ **IMPLANT (check site map) ____ Guide**

____ **Periapical IMPACTION (check site map)**

____ **AIRWAY**

Receiving Format for CBVT Data

_____**DICOM data/viewer disk or email**

_____ **DATA Conversion**

_____**PRINTED Images**

_____ **Radiologist Report (BeamReaders)**

Record Request Format:

____Prints ____CD/DVD ____EMAIL

***Disclaimer: All radiographic images are captured by licensed Technicians, and should be interpreted and reviewed by a licensed Practitioner.**

REFERRED BY DR. _____ DATE _____

PLEASE BRING THIS Rx SLIP. CA State Law Requires Presentation Of This Written Rx At Time Of Appointment

MAP & INSTRUCTIONS ON BACK OF THIS Rx 3/24