

933 south sunset avenue, suite 308 west coving, ag 91790

www.mccormackradiographics.com.

Please phone (626) 962-1918 for an appointment

Fax (626) 813-1250

Appointment Date		
3.3		

Appointment Time_____

We are located in the 933 S. Sunset Medical Plaza

(see map on back)

	☐ Beginnin	g	Progressive		Final
2.	RTHODONTIC ENTIRE MOUTH ncludes FMX, occ, lateral jaws or pano) DULT ENTIRE MOUTH 20 periapicals & 4 bite wings) CCLUSALS Max. 90° Topo Mand.	8. 🗆 9. 🗀 10. 🗀	ORTHODONTIC SURVEY (includes FMX, occ, panoramic profile, tracing, photos) SKULL LATERAL (ceph, profile TRACING (ceph analysis) PA SKULL AP SKULL (cep	e) ph)	3D CONE BEAM SCAN TMJ TOMOGRAPHY 15. CORRECTED TMJ TOMOGRAMS lateral views 2 4 6 6 15A. RADIOLOGY REPORT ON #15
	AWS, LATERAL Views (right & left) ANORAMIC		PHOTOGRAPHS (diagnostic co CARPAL INDEX (wrist)	[IMPLANTS/SINUS
	ANORAMIC SURVEY - A		OTHER AREAS AS INDICATED)	□ UPPER ARCH □ SIMPLANT CONV
B. □ P/	oano, profile, tracing, photos) ANORAMIC SURVEY - B same as A plus anteriors & bite wings)	$R - \frac{8}{8}$	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 23 1 30 29 28 27 26 25 24 23 22 21 20 19 18 17	- L	□ LOWER ARCH □ BASIC □ SINUS AIRWAYS □ COMPLEX Please indicate position of implant.
Payme	ent Due At Time Of X-Ray Exam				

IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE • PLEASE BRING THIS REFERRAL WITH YOU

Referred by Dr.

MAPS NOT TO SCALE. Please follow the dotted lines & arrows if coming from the freeway.

