

Jerome N. Peck, DLXT

SAN DIEGO
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 317 No. El Camino Real, Suite 301
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CHULA VISTA
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ESCONDIDO
 919 East Grand Ave.
 Escondido, CA 92025
 Tel: 760.747.1971 Fax: 760.747.3286

Patient: _____ DOB: _____ Referral Date: _____ Appointment Date: _____ Time: _____

GENERAL

- 1 Panorograph
- 2 Panorograph & Remaining Teeth
- 3 Full Mouth Survey
 - 20 Films VBWS Grids
 - 27 Films HBWS
- 4 Posterior Bitewings
 - Horizontal 4 Films Grids
 - Vertical 2 Films
- 5 Vertical Bitewings All Around
- 6 Paralleling Survey
- 7 Occlusals
 - Mandible Maxilla Topographical
- 8 Single Area Grids

TOMOGRAPHIC 3-D

- 9 NewTom Orthodontic Survey
- 10 Limited NewTom Orthodontic Survey
- 11 TMJ Survey
 - Open & Closed
 - Closed only
 - With splint
 - At rest (with bite registration)
- 12 Implant Survey (indicate area below)
 - With stent
 - iDent
 - Simplant
 - Nobel Biocare (patient must have bite registration)
- 13 Impaction Survey (indicate areas below)
- 14 Pain Survey
- 15 Sinus Survey
- 16 OSA Survey (Airway)
- 17 Custom Survey on file in office
- 18 Radiologist Report to Dr. Danforth
 - Other _____

ORTHODONTIC 2-D

- Beginning Progressive Final
- Invisalign Dolphin
- 19 Orthodontic Survey Child
- 20 Orthodontic Survey Adult
- 21 Custom Orthodontic Survey (on file in office)
- 22 Limited Orthodontic Survey
- 23 Cephalometric
 - Lateral AP PA
 - Reverse Townes
 - Waters 45 30 15
- 24 Cephalometric Tracing
 - Steiner Jarabak Ricketts
 - Sassouni Other _____
 - Custom _____
- 25 Hand/Wrist: AP, Left
- 26 Photography

Indicate Area(s):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

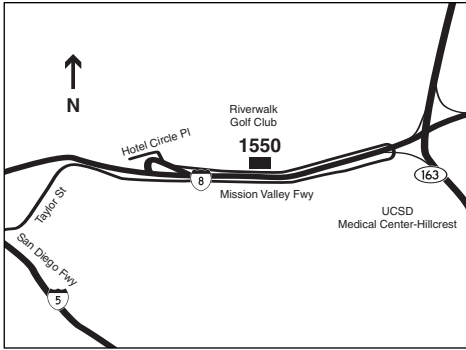
Special Instructions:

California State law requires that this written order be presented at time of appointment. Fees are payable at the time services are rendered. We accept VISA, MC, Cash & Check. Cancellations without 24 hour notice are subject to charges.

Referring Doctor:

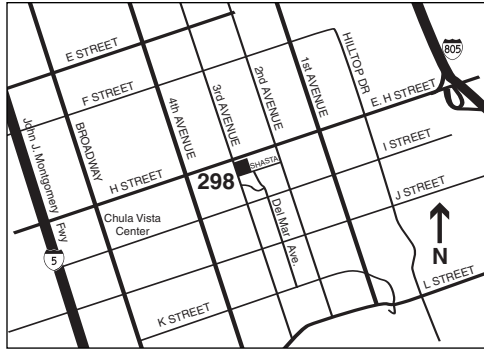
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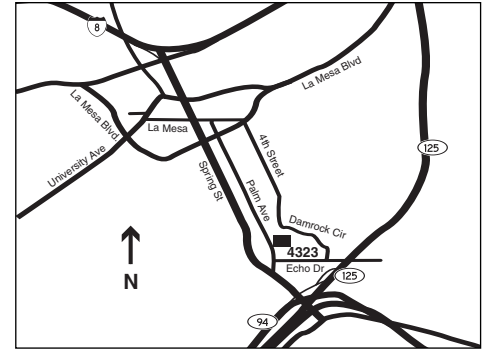
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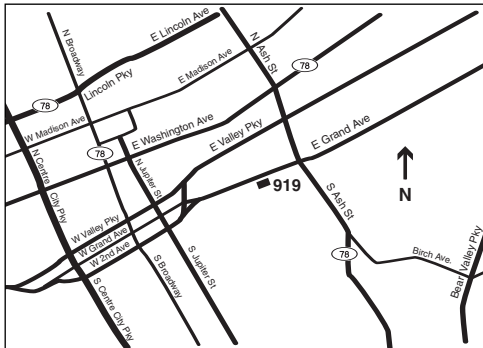
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