

GREAT STATE DENTAL LAB

This is a prescription. Please bring it with you.

Doctor: _____

Patient: _____

Appt: _____

Please send duplicates to:

Dr. _____

Invoice: Doctor Patient

Delivery options:

Web Courier Rush (\$25)

Standard Delivery

ICD-9/Diagnosis _____

CBCT Scan Packages

Initial Progress

Region of Interest:

Maxilla only Mandible only Both arches

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

Study Packages:

Viewing Software & DICOM

Cross Sectional Print Outs w/ Viewing Software

Implant Evaluation
 With Radiographic Prosthesis

Impactions/3rd Molar

Pathology

TMJ includes Open & Closed

Additional Views: _____

3D Orthodontic Records

(No impressions/100% Digital)

Ceph Analysis Tracing:

Additional CBCT Services

Virtual Implant Treatment Planning

Software Preference: _____

Implant Brand: _____

With Radiographic Prosthesis

3D Rendering Movie

Radiologist Interpretation (Use Special Instructions)

Diagnostic Reports

Panoramic

Intra/Extra Oral Photos

Lateral Cephalometric

Invisalign® Records

Ceph Analysis Tracing:

2D Ortho Records

Special Instructions

License # _____ Doctor's signature _____ Date _____

Great State Dental Laboratory services at the request of a licensed practitioner. Great State Dental Laboratory at 401 Ranch Road 620 South, Suite 320 does not provide interpretive or therapeutic services. Your doctor may request an interpretation by a dental radiologist. All images are sent directly to your doctor.

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