

Diagnostic Services – Patient Profile

SOUTHWEST OFFICE: 9129 Lurline Ave. Chatsworth, CA 91311 • Phone 800.423.3270 Fax 818.341.4684 • www.ApplianceTherapy.com

Doctor's Name: _____ Office Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Date: _____ Email (if requesting a Digital Report): _____

Digital Patient Images? Submit Online at www.ApplianceTherapy.com/SO/Submit

PLEASE SEND MORE:

Order Forms

Mailing Materials

► **EVALUATION SERVICES:**

Cephalometric Tracing Service Only

24hr NEXT Day Service (no additional charge)

Includes: Ceph Tracing & Analysis of your choice and a Patient Folder.

Fee: \$ 54.99 / \$ 14.99 for each *additional* Tracing and Analysis of your choice

Phone Consultation – By Appointment

Includes: This service allows you to talk “one-on-one” with our appliance design consultants.

Fee: \$ 34.99

Complete Orthodontic Records Package – SPECIAL DISCOUNTED FEES!

Includes: Ceph Tracing & Analysis of your choice, Study Models of your choice, Model Analysis*, Ceph Tracing superimposition (see fig. 2), Patient Folder.

Package #1 – Includes *Digital* Study Models Fee: \$ 99.99 (Reg \$111.96)

Package #2 – Includes *Consultation* Study Models Fee: \$117.99 (Reg \$131.96)

Package #3 – Includes *Board Quality* Study Models Fee: \$135.99 (Reg \$151.96)

Appliance Review Letter – Fee: \$ 34.99 – NOTE: Fill-out reverse side of form.

Includes: Written Summary, Appliance Design(s) and a \$10.00 Appliance Voucher.

Orthodontic Diagnostic Service – A True Second Opinion (Evaluated by our On-Staff Dentist) – NOTE: Fill-out reverse side of form.

Includes: A Customized Report that contains a Cephalometric Tracing and Analysis, a Model and Photographic Analysis, a Photographic Layout, a “Patient Specific” Diagnosis, Illustrated Appliance Designs, Detailed “Step-by-Step” Appliance Adjustment Techniques and Sequencing Procedures, Patient Instructions, Informed Consent Document, Appliance Costs, Reference Information and a \$20.00 Appliance Voucher.

Fee: \$249.99

Ortho Mentor U.S.D.I. Program – (Evaluated by your Specific Ortho Mentor Instructor) – NOTE: Fill-out reverse side of form.

When this service is selected, your case will be evaluated personally by the Ortho Mentor Instructor that you select.

Includes: The Report contains the same information and \$20.00 Appliance Voucher as the *Orthodontic Diagnostic Service*.

Fee: \$349.99

CHECK APPROPRIATE TRACING AND ANALYSIS

Brehm

DePaul / Tip Edge

Mahony

Ricketts

Sassouni Advanced / Gerber

Carapezza

Gerety

McNamara

Rondeau / I.A.O.

U.S.D.I.

DePaul / PowerProx

Jefferson

Modified Steiner

Sassouni Plus

Other:

► **IMAGING PLUS – VISUAL AID OPTIONS:**

Ceph Tracing *superimposed* over the Profile Photograph – fig. 1

Fee: \$ 14.99

Ceph Tracing *superimposed* over the Cephalometric X-Ray – fig. 2

Fee: \$ 11.99 NOTE: *Included* when requesting the *Complete Orthodontic Records Package*.

Photographic Layout (requires Facial-Intraoral-Occlusal photos) – fig. 3

Fee: \$ 14.99 NOTE: *Included* when requesting the *Orthodontic Diagnostic Service* or *Ortho Mentor Program*.

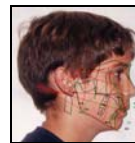


fig. 1

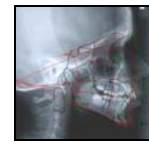


fig. 2



fig. 3

► **MODEL SERVICES:**

ORTHOPix Digital Models Fee: \$ 29.99** Consultation Study Models Fee: \$ 49.99 Board Quality Study Models Fee: \$ 69.99

Duplicate Models Fee: \$ 19.90

Model Analysis* Fee: \$ 14.99 – NOTE: *Included* when requesting the *Complete Orthodontic Records Package*, *Orthodontic Diagnostic Service* or *Ortho Mentor Program*.

► **REPORT FORMAT:**

Printed Report Digital Report

Special Instructions:

Signature: _____ License #:

*The type of model analysis provided is dependant upon the type of cephalometric analysis that is selected. **Impression trays/models are not returned unless otherwise indicated. Service fees and certain special requests do not include shipping charges and/or applicable taxes. Prices effective April 2011 and are subject to change without notice. Copyright © 2011 Second Opinion Diagnostic Service – A Member of the Appliance Therapy Group Information provided by the Second Opinion Diagnostic Service is suggestive only. Any diagnosis and treatment is the sole responsibility of the prescribing doctor.

Treatment Objectives – Patient History – Records – Processing Time

NOTE: Fill out the following when an *Appliance Review Letter*, *Orthodontic Diagnostic Service* or *Ortho Mentor Program* is requested.

► TREATMENT OBJECTIVES:

Describe, in detail, your major objectives of treatment (VERY IMPORTANT):

Describe your patient's major concerns (VERY IMPORTANT):

► TREATMENT PHILOSOPHY PREFERRED (Orthodontic Diagnostic Service):

► U.S.D.I. INSTRUCTOR PREFERRED (Ortho Mentor Program):

► TYPE OF APPLIANCE PREFERRED:

Removable Fixed Brackets / Straightwire No Preference OPTIONAL: Fabricate Appliance(s)

► MEDICAL AND DENTAL HISTORY:

Describe any previous orthodontic treatment (in detail):

Oral Hygiene Habits (Patients with inadequate oral hygiene are poor candidates for fixed therapy):

Are there any prosthetic considerations? (Missing teeth, veneers, bridges, crowns, partials, etc.):

Are there any periodontal considerations? (Loss of crown length, tipped molars, food traps, etc.):

Accidents (Can cause TMJ dysfunction, pupal damage, loss of the PDL and ankylosis):

Does patient engage in any sports activities? (i.e. contact sports, basketball, biking, skating, etc.):

Does patient play musical instrument? (i.e. trumpet, violin, clarinet, etc.):

Airway Problems (Snoring, sleep apnea, allergies, enlarged tonsils and adenoids, or sinus obstruction can affect normal growth and development):

Tongue (Check your patient for tongue size, rest position, abnormal frenum attachment and any swallowing abnormalities):

Habits (Tongue, thumb, finger and lip habits can cause orthopedic & orthodontic abnormalities and can directly affect success of appliance therapy):

TMJ (Bruxism, grinding, abnormal popping, clicking and crepitus are all signs and symptoms of an unhealthy TMJ):

► REQUIRED RECORDS:

Appliance Review Letter

- Models
- Bite Registration
- Cephalometric X-Ray

Orthodontic Diagnostic Service or Ortho Mentor

- Models
- Bite Registration
- Cephalometric X-Ray
- Panorex X-Ray
- Photographs

► PROCESSING TIME (average):

- Cephalometric Tracing Service: 1-2 days
- Complete Orthodontic Records Package: 5-10 days
- Orthodontic Diagnostic Svc/Ortho Mentor: 5-10 days
- ORTHOpix Digital Study Models: 3-5 days
- Consultation Study Models: 5-10 days
- Board Quality Study Models: 5-10 days

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