SML™
MIDWEST

ORTHODONTIC RECORDS ORDER FORM

Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date Wanted: _____

Patient Name: _____ Age: _____

PLESE SEND:
___ Ceph Boxes
___ Mailing Labels
___ Order Forms
___ Rx Forms

DIGITAL RECORDS

___ **DIGITAL ORTHODONTIC RECORDS PACKAGE**
Includes: Digital Display Models, Computerized Cephalometric Tracing and Analysis, and a Model Analysis

___ **COMPUTERIEZED CEPHALOMETRIC TRACING AND ANALYSIS ONLY**

___ **DIGITAL DISPLAY MODELS WITH BASES ONLY**

___ **DIGITAL DISPLAY MODELS AND MODEL ANALYSIS ONLY**

Upon Completion: ___ **EMAIL the Results to :** _____
___ **Mail a CD to Our Office with the Results**

TRADITIONAL RECORDS

___ **COMPLETE ORTHODONTIC RECORDS PACKAGE**
Includes: Acrylic Finished Display Models, Hand Traced Cephalometric X-ray, Cephalometric Analysis, Model Analysis, and a Patient Treatment Folder

___ **CEPHALOMETRIC TRACING AND ANALYSIS ONLY**

___ **ACRYLIC FINISHED DISPLAY MODELS ONLY**

CHECK THE APPROPRIATE TRACING AND ANALYSIS

_____ Computer Generated Tracing and Analysis _____ Hand Traced X-ray and Analysis

_____ Gerety _____ Functional _____ Mahony _____ U.S.D.I. (Traditional)
_____ Steiner _____ Rondeau _____ Witzig/Gordon _____ U.S.D.I. (Contemporary)
_____ Drs. Gerber & Beistle Advanced Sassouni Plus _____ Other _____

ADDITIONAL SERVICES:

___ Appliance Review Letter ___ Call the Doctor to Discuss the Case
___ Duplicate Models ___ Hold Models for Future Appliance Fabrication

SPECIAL INSTRUCTIONS: _____

Signature: _____ License Number: _____

The information from an analysis by the Space Maintainers of the Midwest is suggestive only, and is intended to aid the doctor in his interpretation, diagnosis and treatment plan. It is the sole responsibility of the doctor to interpret the analysis, diagnose the case, plan the treatment, and choose any appliances.

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