RADIOGRAPHIC & PHOTOGRAPHIC PRECISION
MDI
McCormack Dental Imaging
JEROME N. PECK, D.L.X.T.
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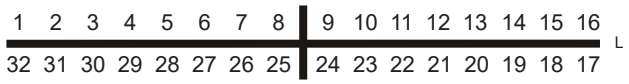
☐ SAN DIEGO 1550 Hotel Circle N., Ste. 340, 92108 Tel: 619.296.6132 Fax: 619.296.2346
☐ LA MESA 8860 Center Dr., Suite 340, La Mesa 91942 Tel: 619.461.3910 Fax: 619.461.0754
☐ ENCINITAS 317 N. El Camino Real, Ste. 301, 92024 Tel: 760.942.2133 Fax: 760.942.9613
☐ ESCONDIDO 919 East Grand Ave., Escondido 92025 Tel: 760.747.1971 Fax: 760.747.3286
☐ MOBILE VAN Tel: 760.560.8374 | 760.747.1971

☐ Mr. ☐ Ms. ☐ Dr.
Patient Name: _____ DOB: _____
Parent/Guardian: _____ Referral Date: _____
Patient Ph. #: _____ Next Appt: _____

Indicate Areas of Interest:



Case Delivery Method

Hard Copy Prints
☐ Paper

Paperless Options
☐ Box.com ☐ CD ☐ Viewer DVD ☐ DICOM Only

Software Delivery
☐ OnDemand3D ☐ NNT ☐ MPR ☐ NNT+MPR

☐ Collaborating Doctor Email _____

2D Digital Imaging

☐ Panograph
☐ Pano + Remaining Teeth (Indicate #'s Above)
☐ Pansurvey (Panograph + 8ant & 4bw)
☐ Full Mouth X-Ray
☐ 20 Films ☐ VBWS ☐ Grids
☐ 27 Films ☐ HBWS
☐ Single Area(s) (Indicate #'s Above)

☐ Bitewings Survey
☐ Horizontal Films ☐ 4 ☐ 2
☐ Vertical Films ☐ 6 ☐ 4
☐ Grids
☐ Occlusals
☐ Mandible ☐ Maxilla
☐ Topographical
☐ Hand/Wrist Film

☐ Photography
Notes: _____
☐ Cephalometric
☐ Lateral ☐ PA ☐ AP
☐ Vertical ☐ Reverse Townes
☐ Waters ☐ 45 ☐ 30 ☐ 15
☐ Cephalometric Tracing
☐ Steiner ☐ Jarabak ☐ Ricketts
☐ Sassouni Plus ☐ Other _____

☐ **2D Orthodontic Survey**
FMX, Pan, Ceph, Tracing, Photos
☐ Beg ☐ Prog ☐ Final
☐ **Limited 2D Ortho Survey**
Pan, Ceph, Tracing, Photos
☐ Beg ☐ Prog ☐ Final
☐ **Custom Orthodontic Survey**

3D Intraoral Scanning

☐ Invisalign
☐ Invisalign Refinement Scan ****
☐ Clear Correct
☐ Vivera Retainer - *Dr. must remove patient's arch wire*

☐ iRecord *(low profile digital model)*
☐ iCast *(ABO base digital model)*
☐ Hard Model Scan

STL File Delivery
☐ By Email
☐ To Laboratory
Lab Name & Email _____

3D CBCT Imaging

1. Choose Scan Dimension

☐ Focused (1-3 adjacent teeth 6x6cm)

☐ Small (12x8cm)
☐ Mandible
☐ Maxilla
☐ Both Arches

☐ Large (15x15cm)

2. Choose Survey (Indicate AOI #'s Above)
☐ Endodontic^
☐ Facial Pain
☐ General Dental Evaluation^
☐ Internal Tooth Resorption^
☐ Sinus
☐ Implant^
☐ CBCT FMX & Pan/BW

☐ Post-Op Scan*
☐ Impactions^
☐ Cuspids ☐ Third Molars
☐ Odontoma ☐ Supernumerary
☐ Sleep Apnea (OSAS)
☐ With Appliance
☐ TMJ Survey
☐ Open & Closed ☐ Closed
☐ With Appliance

☐ 3D Orthodontic
☐ Beg ☐ Prog ☐ Final
☐ 3D Mini Orthodontic (8x8cm)
☐ 3D Orthognathic
☐ Advanced Orthognathic**
☐ Basic Orthognathic***
☐ Chiropractic Vertebrae

Implant Surgical Guides

1. Indicate Planning Option
☐ No Guide - Software Conversion Only
☐ Guided Surgery

2. Indicate Planning Program
☐ In2Guide ☐ Simplant ☐ Nobel (Dicom provided)
Implant Type: _____

3. In2Guide ONLY - Choose Virtual Design Option (select one)
☐ No Wax-Up - 3D Intraoral Scan & Merge to CBCT
☐ No Wax-Up - Immediate Extraction
☐ No Wax-Up - 3D Intraoral Scan with Temporary
☐ Virtual Wax-Up - CBCT+ 3D Intraoral Scan (Indicate Tooth #s)
☐ 3D Intraoral Scan of Models & Merge to CBCT
☐ Dual Scan - Marked Denture or Radiographic Guide

4. Virtual Wax-Up Tooth #'s: _____
☐ **Checking this box authorizes MDI to order virtual design services from OnDemand3D. These services are rendered and billed by Ondemand3D (Irvine, CA).**
☐ **Need 3D Software Assistance**
☐ **DSD Full Survey** (Large & Small CBCT, iTero & Photos)
☐ **3D Photos**
☐ Full Mouth Reconstruction

CBCT Radiology Report: ☐ NDI - Basic Report ☐ NDI - Analytical Report ☐ BeamReaders ☐ UCLA ☐ Other: _____

Special Instructions:

☐ Bill Doctor ☐ Patient Pays

Referred By:

CA State law requires a signature from the referring physician.

California State Law requires that this written order be presented at time of appointment. Fees are payable at the time services are rendered. Visa, MC, Discover, Cash & Check Accepted. CareCredit Financing Available.
* ^ - See additional notes on the back. *Focused view scans are not compatible with surgical guide fabrication.*