



WILSON RADIOGRAPHIC CENTRE LTD.

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PLEASE CALL FOR AN APPOINTMENT.
 PLEASE BRUSH AND FLOSS TEETH BEFORE APPOINTMENT IF
 PHOTOS ARE REQUESTED. THANK YOU!
 IT WILL BE NECESSARY TO REMOVE ALL HEAD & NECK JEWELLERY.

Patient's Name: _____ Bill Doctor
 Bill Patient

Appointment Date: _____ Time: _____ FEE: _____

MASTERCARD, VISA, DEBIT, CHEQUE OR CASH ACCEPTED AS PAYMENT
★ YOU MUST BRING THIS SLIP WITH YOU! ★

FILM RADIOGRAPHY:

ORTHODONTIC SURVEY

- PRE BEG PROG FINAL
- PANORAMIC
- CEPHALOMETRIC RADIOGRAPH
 - LAT PA
- TRACING ANALYSIS
- CARPAL INDEX

DIGITAL RADIOGRAPHY:

ORTHODONTIC SURVEY

- PRE BEG PROG FINAL
- PANORAMIC
- CEPHALOMETRIC RADIOGRAPH
 - LAT PA
- TRACING ANALYSIS
- CARPAL INDEX

★ PLEASE SPECIFY DELIVERY FORMAT(S):

- CD HARD COPY (no extra charge)
- EMAIL _____

DIGITAL PHOTOGRAPHY:

DIGITAL CLINICAL PHOTO SERIES WITH CD
 (send original CD with patient if they have had photos taken
 here before)

- STANDARD SERIES OF 8 VIEWS
- or
- SPECIFY QUANTITY OF PHOTOS _____

Comments: _____

i-CAT CONE BEAM CT SCAN:

REGION OF INTEREST (check all that apply)

- IMPLANT CROSS SECTIONS
 - UPPER ARCH LOWER ARCH
- TMJ CLOSED EXTRA JAW POSITION
 - Lower Resolution Scan
 - REST OPEN SPLINT
- OTHER (please specify below)
- RADIOLOGIST'S REPORT No charge when print outs of cross section
 images are ordered

★ PLEASE SPECIFY DELIVERY FORMAT(S):

- CD ONLY – includes DICOM files and i-CATVision viewing program
 *complimentary Dolphin 3D viewing program available upon request only.
- HARD COPY – includes CD (as above) plus printouts and digital studies
 of requested regions of interest
 - INCLUDE DOLPHIN ARCHIVE

2D RADIOGRAPHS EXTRACTED FROM SCAN
 (not available with CD ONLY scans)

- PANORAMIC CEPHALOMETRIC FRONTAL
- CEPHALOMETRIC LATERAL SMV
- TRACING ANALYSIS OTHER _____

Comments: _____

DUPLICATION & SCANNING:

- DUPLICATION OF X-RAYS
- SCANNING SERVICE (plus CD)
- ADDITIONAL COPY OF DIGITAL PHOTO LAYOUT

★ DOCTOR: PLEASE SIGN AND PRINT:

Date: _____

Print: _____

Dr.'s Signature: _____