

**RETURN PRESCRIPTION TO:**

9129 Lurline Ave.  
Chatsworth, CA 91311  
Phone: 800-423-3270  
Fax: 818-341-4684  
www.SMLglobal.com

**DIAGNOSTIC SERVICES****PLEASE SEND:**

- ☐ MAILING MATERIALS
- ☐ PRODUCTS & SUPPLIES
- ☐ DIAGNOSTIC SERVICES
- ☐ C.E. COURSES

**ADDITIONAL SERVICES\***

- ☐ RETURN DUPLICATE SET OF MODELS

**GO GREEN!**

PLEASE SCAN OR MAKE A COPY  
OF THIS PRESCRIPTION FORM  
FOR YOUR RECORDS

**DIGITAL SCANS**

[www.SMLglobal.com/digital](http://www.SMLglobal.com/digital)

Terms and conditions on reverse

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY

STATE

ZIP CODE

PATIENT'S FIRST NAME

DATE OF X-RAY

OFFICE EMAIL ADDRESS

PATIENT'S LAST NAME

DATE OF BIRTH

OFFICE PHONE NUMBER

**EVALUATION SERVICES:**☐ **CEPHALOMETRIC TRACING SERVICE ONLY**

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

FEE: \$74.99 / \$14.99 for each *additional* tracing & analysis of your choice

☐ **COMPLETE ORTHODONTIC RECORDS PACKAGE**

Includes: Ceph Tracing & analysis of choice, Printed study models, Model Analysis\*, Ceph Tracing Superimposition ( fig. 2), Patient Folder.

FEE \$185.00

\*Ancillary fees such printing models, regulatory compliance, shipping are separate

**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:**VISUAL AID OPTIONS:**☐ **Ceph Tracing superimposed over the Profile Photography (fig. 1)**

FEE: \$14.99

☐ **Ceph Tracing superimposed over the Cephalometric X-Ray (fig. 2)**

**NOTE:** Included when requesting a *Complete Orthodontic Records Package*.

FEE: \$19.99

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

**NOTE:** Included when requesting *Orthodontic Diagnostic Service*.

FEE: \$14.99



fig. 1

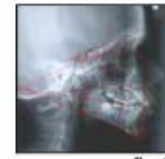


fig. 2

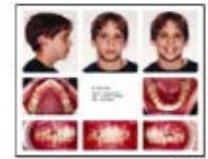


fig. 3

**PROCESSING TIME (average):**

- Cephalometric Tracing Service: 2-3 days
- Printed Study Models: 5-15 days
- Complete Orthodontic Records Package: 10-15 days

**REPORT FORMAT:**

- ☐ Printed Report
- ☐ Digital Report

**NOTES:****TERMS:**

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to actual attorney fees.

Service fees and certain special requests do not include shipping charges and/or applicable taxes. Prices are subject to change without notice.

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SIGNATURE \*NOTE: By signing here you are agreeing to our terms and conditions (see reverse).

LICENSE NUMBER

Texas license #1866 exp 12.31.22 renewed yearly. South Carolina certificate #480 exp 3.1.22 renewed every two years. Kentucky certificate #219 exp 7.31.22 renewed yearly.

REV.O.FEB.2022

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