

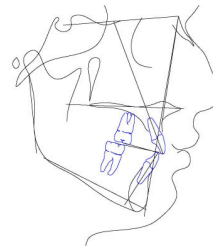


# CEPHALOMETRIC ANALYSIS REQUEST FORM



Patient: Connor Manning, ID: 2, Male, Age: 11y 0m (DOB: 10/10/2001)  
 10/10/2001 Initial Analysis: Softtissue: Norm: N/A

	Value	Norm	Min	Max
Sella - Condyl Head Firm	120.0	110.0	8.0	11.0
SN - MP (°)	133.7	120.0	8.0	11.0
<b>Maxillary - Inclination</b>				
SN - MP (°)	91.0	90.0	0.0	12.0
MP - MP (°)	88.0	90.0	0.0	12.0
MP - MP (°)	88.0	90.0	0.0	12.0
<b>Mandibular - Mandible Position</b>				
SN - MP (°)	76.0	80.0	0.0	14.0
MP - MP (°)	75.0	80.0	0.0	14.0
MP - MP (°)	75.0	80.0	0.0	14.0
<b>Maxillary - Upper Jaw Position</b>				
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
<b>Mandibular - Lower Jaw Position</b>				
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
<b>Maxillary - Upper Jaw Position</b>				
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
<b>Mandibular - Lower Jaw Position</b>				
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0
SN - MP (°)	10.0	10.0	0.0	11.0



Patient Name: \_\_\_\_\_

Male  Female

Patient DOB: \_\_\_\_\_

Date records made: \_\_\_\_\_

Email your cephalometric x-ray to: [trace@cephanalysis.com](mailto:trace@cephanalysis.com)

Mail your original cephalometric x-ray to: **D.E.T. · 11424 Cherisse Dr. · Austin, TX 78739 USA**

## **CEPHALOMETRIC ANALYSIS REQUESTED (Please circle all analyses needed):**

**ABO  
 Burstone  
 DiPaulo  
 Harvold  
 McLaughlin  
 Owen Block  
 Rondeau  
 Tweed**

**Biodynamic  
 Clark  
 Downs  
 Kois  
 McNamara  
 POS  
 Sassounni  
 V.T.O Holdaway**

**Bjork  
 COGS  
 Eastman  
 McGann  
 Modified Steiner  
 Ricketts  
 Steiner  
 Wits**

*\*custom analyses available free of charge*

### **I WOULD LIKE TO:**

Email my cephalometric x-ray for analysis	\$38.00 U.S.
Mail my cephalometric x-ray for analysis	\$45.00 U.S.
Superimposition	\$50.00 U.S.
Organize patient records- Photos, Models and X-rays	\$20.00 U.S.

*\*Request for 24hr service-additional fee \$5.00 U.S.*

Payment to D.E.T. must be included with records and order form Total: \$ \_\_\_\_\_ U.S.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I will pay by: Check (enclosed- mailed ceph only) MC Visa Amex Amount Payable to D.E.T.: \$ \_\_\_\_\_

Acct. Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-4 digit security code: \_\_\_\_\_

Signature: \_\_\_\_\_