

# MAXILLO-FACIAL 3D

*for internal use*

“Dedicated to enhancing the way you see your patients”

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NIP :

Exam date: / /  
Voxel : FOV :  
Acquisition time:  
Operator :

Name : Date birth : / / Tel Home : sex : ( ) M  
Work : ( ) F  
Next appointment at your office : / / Cell :  
Referred by Dr :  
Office Tel. : Office Address (your stamp please) :

## **Panogram**

**Cone Beam CT Scan** : ( ) Maxilla ( ) Mandible ( ) Both

( ) Pre-Surgical Implant Imaging :

**With radiographic guide or model**

1 2  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
4 3

( ) STUDY LIMITED from 1 to 3 adjacent teeth

( ) TMJ Analysis :

Usual intercuspatation

Forced occlusion, clench

End-to-end

Maximum opening

With Stent (please provide)

At rest

( ) Ortho Study Dolphin

( ) Investigation:

Sinuses

Mandibular Canal Positioning

Pathology : \_\_\_\_\_

Assessment of supporting bone around teeth : \_\_\_\_\_

Other : \_\_\_\_\_

Impacted tooth : \_\_\_\_\_

Upper airway analysis

( ) Complex Pathology\*: \_\_\_\_\_

## **MEDIA:**

( ) Data transmission via FTP site

( ) Print-out paper

( ) Print-out film

( ) CD-rom in DICOM Format

## **SOFTWARE used:**

( ) NobelGuide (2 scans) ( ) VIP ( ) DOLPHIN (Ortho)

( ) SIMPLANT ( ) without conversion

( ) with conversion (*please also fill SimPlant prescription*)

( ) Dual Scan (scan of radiographic guide)

( ) Optic Scan of model and waxup