



Dentistry

Oral & Maxillofacial Radiology

10-165 CHS, 10833 Le Conte Ave. Los Angeles, CA 90095-1668

Phone: (310) 825-5634 Fax (310)206-2748

Please call for an appointment. Payment is required when services are rendered.

Patient: _____ Appt. Date/Time: _____

Clinical Diagnosis: _____

Cone-Beam CT

- Morita Newtom
- TMJ
- Maxillary Implants
- Mandibular Implants
- Orthodontic series
- Cracked tooth survey
- Endodontic survey
- DICOM Data
- Other _____

Intraoral Radiographs

- Anterior periapicals
- Bite wings
- Full-mouth series

Extraoral Radiographs

- Lateral Cephalometric
- PA Cephalometric
- Carpal index
- Panoramic

Doctor's Signature: _____ Date: _____

Doctor's Name: _____

Office Email: _____

Doctor's Email: _____

Send additional report to doctor:

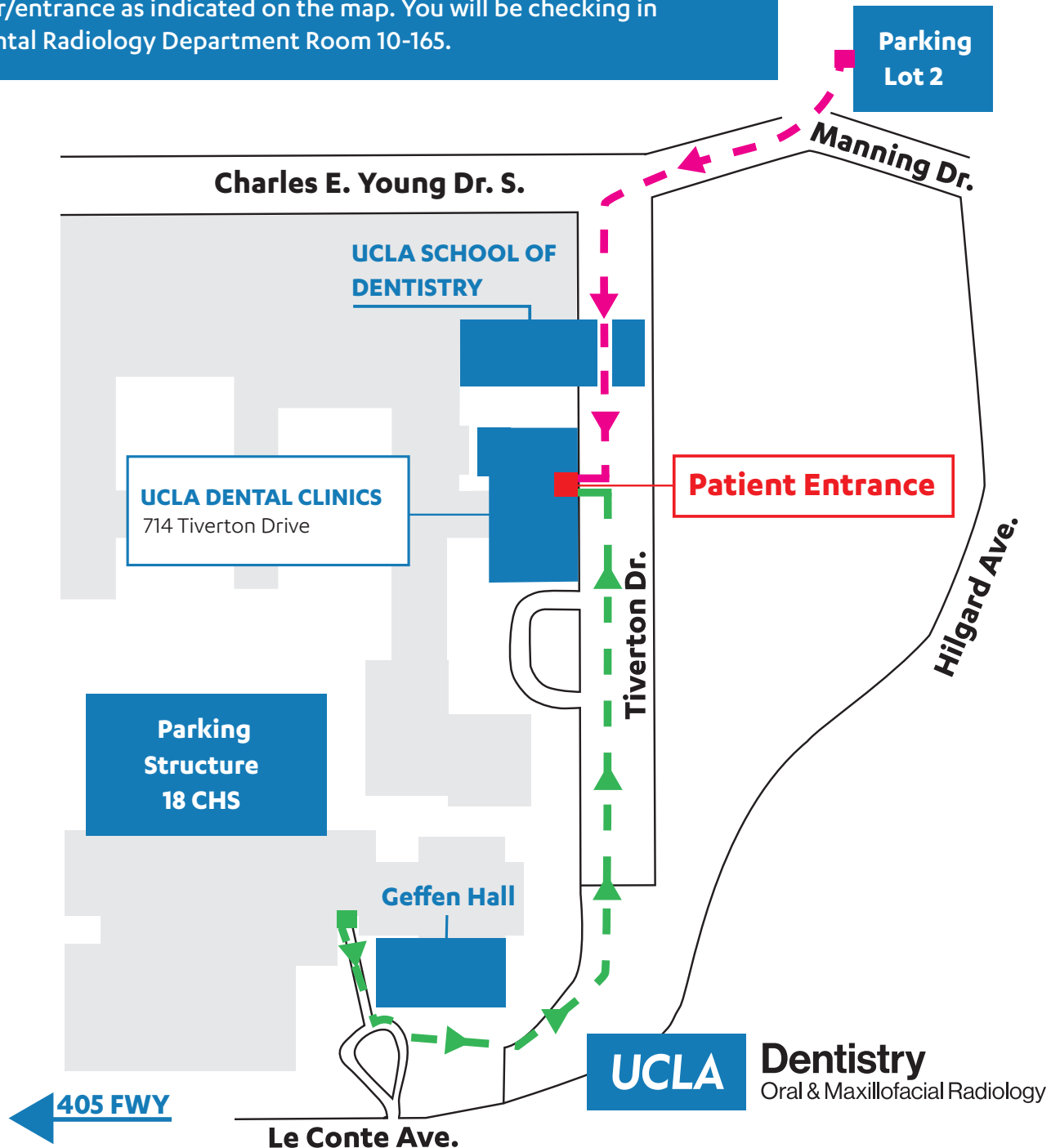
Doctor's Name: _____

Phone: _____

Doctor's Email: _____

GETTING TO THE UCLA DENTAL CLINICS

Getting to the UCLA School of Dentistry - Dental Radiology Practice
Once you have parked or have been dropped off please report to the front door/entrance as indicated on the map. You will be checking in to the Dental Radiology Department Room 10-165.



FOR THOSE WHO PARK IN THE CHS-VISITOR PARKING STRUCTURE #18:

Enter the first driveway "Visitor Parking 18 & 27" entrance. Make a Left into Visitor Parking 18. After leaving your car and paying the parking fee, walk back out to the entrance of the parking structure and walk up to 714 Tiverton Drive, which is up the walkway and past Geffen Hall. Follow **green-->** path to the clinic entrance. The **pink-->** path will direct you to the clinic entrance from Parking Lot 2.