

New Patient – Create Appointment:

This guide will walk you through the steps to efficiently:

- Create a New Patient Appointment using Quick Save
- Send E-Form request
- Create New Patient's record during chart audit by Importing E-Forms
- Locate an appropriate New Patient slot either through Find Slot (New), or right clicking on an opening and selecting Add New Appointment, or double clicking on the desired opening in the schedule. In the New Appointment window, change the radio button on the upper left to New Patient, then click Add.

To To C 🛛	
New Appointment	PGID :4600 / OID :
Add new appointment for Test, Rapunzel Add new appointment for Test family Existing Patient New Patient New Patient Obick Appointment Quick Fill List	Selected Appointment SIM Details Data and Time 25 Mar 2024 00 30 AM 30 mins. Office Magic Kingdom Detrial Provide Molocy Hickney Gouradory Hickney Mdt Consel

 Fill in the E-mail or Cell Phone information to enable sending of the E-Forms for Patient Registration. Use the icon to the right of the appropriate field to send the registration link to the patient.

PERSONAL INFORMATION		SELECTED APPOINTMEN	IT SLOT DETAILS	
Birthdate *	11/01/2003	Date and Time	25 Mar 2024 01:30 PM 0 mins.	
Last Name *	Test	Office	Magic Kingdom Dental	
First Name *	New Patient	Provider	Mouse, Mickey	
		Operatory	MKINP	
Duration Prod. Type	45 V New Patient LG			
Appt. Notes		+ ADD NOTES MACRO		
Explosion Codes	New Pt Adult 4BW	v		



 Fill in the remaining sections of the New Patient Appointment window, and click Quick Save. This bypasses the process of adding the Patient record for this patient. This allows the team to quickly appoint the patient, and only add the record once the patient arrives in the office.

ERSONAL INFORMATION	4	SELECTED APPOINTMENT	SLOT DETAILS
Birthdate *	11/01/2003	Date and Time	25 Mar 2024 11:30 AM 0 mins.
Last Name *	Test	Office	Magic Kingdom Dental
First Name *	New Patient	Provider	Mouse, Mickey
		Operatory	MKINP
Email * 🔮	newpatient@gmall.com	BYPASS	
Phone Number *	111-222-3333	BYPASS	
	© Cell ○ Home ○ Work		
Duration	45 ~		
Prod. Type	New Patient LG 🗸		
Appt. Notes		+ ADD NOTES MACRO	
Explosion Codes	New Pt Adult 4BW	×	

TIP: Double check to make sure the patient's Birthdate, First and Last name are accurate to ensure the E-Forms will import correctly.

TIP: Create a NOTES MACRO to collect insurance information from the caller, if desired.

4. The appointment appears in the schedule with an N icon in the top left corner of the appointment, indicating this is a New Patient Placeholder appointment.

View by user-view	Office: Magic Kingdom Dental - Sched.\$172.00 [\$172.00]	Monday, March 25, 2024 🔲 Hide Manu 📝 Hide Provider Time 🛛 🗸	PGID :4600 / OID :10
view: MK - Mickey Mouse			
-	Microw, Microwy Micro Maglis Kingdom Dwrithil	Microse Microse Microse Magin Uningdom Dental	
20 Rentrative LO			
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30 Drown Bridge 60			
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¥6 10			345 18.00 18
20 Detropy CO-:			3
			.45
2000 Delivery LCi			
		Emergency	15 30 45

TIP: If you forgot to send the registration link when creating the appointment, simply double click on the appointment in the scheduler to open, and use the icon to the right of email or cell phone.



Import Online Patient Registration – New Patient:

1. Access the forms on the Main Denticon Window by clicking the icon for Online Patient Registration.



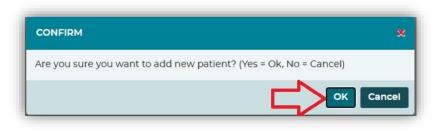
 Find your patient, click the record to select them, and select appropriate registration radio button. You may need to click Print Registration to determine the correct button. Click Choose File to upload additional attachments to this Online Registration. Finally, click Add Patient.

N-IMPORTED PATIENT LIST		PGID :4600 / OID :10 EXISTING DATIENT INFORMATION ENTERED ONLINE
FFICE GROUP		Selected Patient
Office Office C	iroup	Register Patient and Responsible Party O Register Patient to an Existing Responsible Party 0
00	Ø SELECT	INSURANCE COVERAGE INFORMATION
earch Patient	٩	En Stat
Patient Name	Appt Date 🔺 Status	Bredits Name FIRST M LASTNAME JR
ifdf, dfd (DOB: 11/11/1981)	08/07/2024 02:30 PM	Erestea E/ Rollis (0433) DZW92000000 Rolge 834555
Ifdf, dfd (DOB: 11/11/1981)	08/07/2024 03:30 PM	kaar (004) 9101003777
fest, New Patient (DOB: 11/01/2003)	08/08/2024 01:15 PM	Blue Dental Blue Vision R
		DOCUMENTS D REMOVE ALL ATTACHMEN File Name No records to display.

TIP: A red triangle indicates the patient has not yet completed the online registration forms. Advise the patient to complete the forms online before continuing.

TIP: If the patient information filled in online does not match the DOB and Name on file for the placeholder appointment, a dash will be in the status column.

3. Click OK on the popup





 Complete the required and desired optional fields on the Add Patient Information screen. *The information the patient filled out in the online form will be filled in for you*. When done, Click Responsible Party >> to continue.

Address"	Jack St	Last, First * Please Select v Please Select v Th v [37186 Sex* Health Care Guardian Phon Coverage Type*	Test , New Patient Check Patient	Rel. to Resp* Chart # SSN Home # Cell # Student Student School Name Emergency Contact	5ef ▼ 111-222-3333 444-555-6666 Full Time ▼	Patient Type TN - Insurance NC - Medicaid OO - PPO Work # Pref. Contact Method Driver License Medi ID	No Preference V
Immidditytyt) III/I//2001 Talk, Preteren Name, Pronouns: Address* Care, St 2g* Email: Care, St 2g* Email: Care, St 2g* Email: Montal Status Status Care, St 2g* Patient Status Care, St 2g* Patient Status Care, St 2g* Care, St	Jack St eland nt@gmail.com	Please Select Please Select Sex* Health Care Quardian Phone	Check Patient	Chart # SSN Home # Cell # Student School Name	111-222-3333 444-555-6666	IN - Insurance MC - Medicaid OO - PPO Work # Pref. Contact Method Driver License	•
Tala, Perkerned Name, Pronouns: Address [®] I221 Heni	St eland nt@gmail.com	[TN ♥][37186 Sex* Health Care Guardian Phone	Male ~	Chart # SSN Home # Cell # Student School Name	111-222-3333 444-555-6666	MC - Medicaid OO - PPO Work # Pref. Contact Method Driver License	•
Address"	St eland nt@gmail.com	[TN ♥][37186 Sex* Health Care Guardian Phone	Male ~	SSN Home # Cell # Student School Name	444-555-6666	OO - PPO Work # Pref. Contact Method Driver License	No Preference
City, Si Zge* Veetarroot Email City, Si Zge* Cit	eland nt@gmail.com	Sex* Health Care Guardian Phone		Home # Cell # Student School Name	444-555-6666	Work # Pref. Contact Method Driver License	No Preference
Email newpatien Mantal Status Single Health Care Guardian Name Patient Status Assign Benefits to Patient UHIPAA Agreement	nt@gmail.com	Sex* Health Care Guardian Phone		Cell# Student School Name	444-555-6666	Pref. Contact Method Driver License	No Preference V
Email newpatien Mantal Status Single Health Care Guardian Name Patient Status Assign Benefits to Patient UHIPAA Agreement	nt@gmail.com	Sex* Health Care Guardian Phone		Student School Name		Driver License	No Preference
Marital Status Single Health Clare Guardian Name Mellent Status Active Active HIPAA Agreement		Health Care Guardian Phone		School Name	Full Time V		
Health Care Guardian Name Patient Status Assign Benefits to Patient HIPAA Agreement	~	Health Care Guardian Phone				Medi ID	
Patient Status Active Active Assign Benefits to Patient HIPAA Agreement				Emergency Contact			
Active Assign Benefits to Patient HIPAA Agreement		Coverage Type*				Emergency Phone	
Assign Benefits to Patient				Office			
HIPAA Agreement		No Coverage		Fee Schedule 🕕	Magic Kingdom UCR		
		Primary Dental		Pref. Provider*	MK MM : Mouse, Mickey D	MD	
		Secondary Dental		Pref. Hygienist	None		
No Correspondence		Primary Medical					
No Auto Email		Secondary Medical		Referral Type*	Patient		
No Auto SMS		My Preferred Appoint	tment Times Edit	Referred By			
Add Patient to Quick-Fill List				Referred To	Please Select		
Ethnicity	~			Ref. To Date			
Preferred Language Please Sel	elect 🗸						
Patient Notes		Date Stamp	Allowed 1000 cha	racters HIPAA Information Sharing	g		Allowed 1000 cha

- 5. Fill in Responsible Party required and desired optional fields, and click **Primary Dental Insurance >>.**
 - If the patient does not have insurance the button available will be Medical Information
 >>. In this example since the Primary Dental box was checked on the prior screen,
 Primary Dental Insurance is the next step in the process.

								S	alect Responsible Pa	arty : New Responsibl	e Party
Responsible Party/Billing Inform											
Title, Preferred Name									Resp. Party Type*		
Last, First *	Test	New Patient				Send Statemer	nts		CA - Cash	·	
Address*	123 Main St					No Email State	ement		O CO - Collectio		
						Send to Collect	tion		O DI - Discount		
City, St Zip*	Westmoreland	TN 🗸 37186				Apply Finance	Charge		SSN		
Email*	lenore.jaquin@planet	dds.com		100000		Home #			Work #		
Birth Date mm/dd/yyyy)	11/1/2003	Ag	e 20			Cell#	315-350-7510	Bypens	Drive Lic		
Marital Status	Single 🗸	Se	x Male	~		Coll Agency				\checkmark	
Custom Statement Message						Responsible for foll	lowing Patients				
							atientName	Age		Balance	Recall Da
						Test, New Patient		20	M	\$0.00	10/31/202
-						4					
Print message on Stateme	nt for 0 times										
Financial Notes					Insert Date Stamp	Responsible Party	Notes				Insert Date Stam

TIP: If the plan the patient has must be created in order to attach to this file, select the Responsible Party type of **Needs Update**, and click **<< Patient Information** to click the box for **No Coverage**. This will allow you to complete the patient record import and add the insurance at a later time.



6. If Denticon finds a match between the information the patient entered online to a plan already entered for your office, it will display it in the **Please select a plan** box, as shown. If there is no match, you will need to search for the appropriate plan as normal.

tep 3 - Add Prima	ary Dental Plan							PGID	:4600 / OID :100
surance Info 🅢	Primary insu Group No/N	rance carrier and employer na ame 1000	me entered while registration	ne Name	Test PPO	Employer Name	Test Employer		
earch Insurance			ormation		loatino	Linployer Hume	reat Employer		Add Ins Plan
Search by b	ecionica with	Please select a plan.	of the second seco			Select Clos	ate Exp		
earch Text	Test Employer	We have found following plan	s for your search 'Test Employer' on 'Emp	loyer Name'.	Note: Pr	ess F2 to view insurance plan deta	Is A Max Information		
earch For	Employer Name	Ins Plan ID Group #	Carrier ID Carrier Name	Employer Name	Created		vidual Max.		
arch In	All Insurance Plans	105 1000	1098 Test Ppo	Test Employer	6/24/2009 KHLNAP	6/13/2024 LENORE	vidual Rem.		
	Search	100 1000	1000 Teat (po	reat Employer	0202000101200	O TO KOLT LENOTE	tical Share Of Cost		
rrier							hth / Year	Aug 🛩 200	
							ire	nug • [200	
							ised (current month)		_
yer ID one	Туре						ood (our one monor)		
oup#									
nployer									
							rth Date*	11/1/2003	
							arital Status		
							aniai Status	Single V Male	~
							an Effective Date	Male	
							an Effective Date		
							.blD*	123456	
tes									Insert Date St

Match exists; Click to review, and select:

No Match; Search for matching plan:

	AUN N	Plan Infon Please select a plan. We have found following plans f Ins Plan ID Group # ▲	mation for your search <u>"%%%"</u> on <u>"Group #</u> .			Select Close	1		Add Ins Plan
Search Text 96%% Search For Group # All Insura Sear Carrier Test Ppo	# urance Plans	We have found following plans f	or your search <u>'%%%'</u> on ' <u>Group #</u> '.			Select Close			
Search For Group # Search In All Insura Sear Carrier Test Ppo	# Jrance Plans		or your search <u>363636</u> on <u>Group #</u> .		Mater D.	ess F2 to view insurance plan details	Date Exp	1/1/2025	
Search In All Insura Sear Carrier Test Ppo	arance Plans	Ins Plan ID Group # 🔺			NOTE: Pre	ess F2 to view insurance plan details « Prev 11 Next 3	Max Information		
Sear Carrier Test Ppo			Carrier ID Carrier Name	Employer Name	Created	Modified ^	vidual Max.	\$1,500.00	
Carrier Test Ppo	earch	121 000257883	1185 MCNA - TEXAS MEDICAID	No Employer	6/27/2022 PDDS4600	2/8/2024 Support	vidual Rem.	\$1,500.00	
Test Ppo		143 00038577	GUARDIAN 640 DENTALGUARD	PDDS	1/24/2024 HEATHER2	2/12/2024 HEATHER2	tical Share Of Cost		
P O Box 123			PREFERRE				hth / Year	Aug ∨ 2008 ∨	ł.
		115 012345	(GA) PPO	East Coast Seafood Co.	6/27/2022 PDDS4600	2/8/2024 Support	re ised (current month)	\$0.00	
Irvine, CA 92612		113 0147786	SHIELD OF TEN	Sun Coast LLC	6/27/2022 PDDS4600	2/8/2024 Support	ised (current month)		
Payer ID 06126 Phone 888-888-8	Туре 8-8888	142 051064	1059 (MN) PPO	Ally Bank	1/22/2024 HEATHER2	3/28/2024 HEATHER2			
Group # 1000		105 1000	1098 Test Ppo	Test Employer	6/24/2009 KHLNAP	6/13/2024 LENORE			
Employer Test Employer		149 1001	1084 DELTA DENTAL PLAN (WA) PPO	Boeing - IAM 751	4/22/2024 TRAINING50		rth Date*	11/1/2003	
		120 1008927	LILICICY MEDICAID	No Employer	6/27/2022 PDDS4600	2/8/2024 Support	arital Status	Single V Male	~
		146 1047	728 HUMANA DENTAL INSURANCE COMPA	No Employer	3/4/2024 LENORE		an Effective Date		
		170 11223344	1095 AETNA (TX) UCR	No Employer	7/25/2024 BLISS		ubID*	123456]
		171 11223344	1095 AETNA (TX) UCR	No Employer	7/25/2024 BLISS				
votes		145 1212	728 HUMANA DENTAL INSURANCE COMPA	Test Disney	3/4/2024 LENORE	3/5/2024 LENORE			Insert Date St
		128 123		Mad Hatter's Tea Party	10/3/2022 HEATHER2	3/28/2024 HEATHER2			
		136 123	1037 DELTA DENTAL PLAN (AL) PPO	Amazon	6/20/2023 TESTER2	2/8/2024 Support			
		133 1234	1189 METLIFE TRICARE DENTAL PROGRA		3/10/2023 HEATHER2	2/8/2024 Support			



- Fill in the remaining desired information on the screen, and click Add medical Information >>.
 - Note at the top of this screen, you can view the information the patient entered online. To view the insurance card image, click the **paperclip** icon.

surance Info 🎸	Group No/Name	1000	Insurance Name	Test PPO	Employer *	Name Test Emplo	yer	
earch Insurance		Plan Information						Add Ins Plan
Search by b	eginning with	Group No.* 1000		Plan ID*	105	Anni. Date Exp	1/1/2025	
earch Text		Deductible Information		Maximum Information		Ortho Max Information		
earch For	Group #	Individual Ded.	\$50.00	Individual Max.	\$10,000.00	Individual Max.	\$1,500.00	
earch In	All Insurance Plans 🗸	individual post.	000.00	individual max.	010,000.00	Individual Rem.	\$1,500.00	
	Search	Individual Rem.	\$50.00	Individual Rem.	\$10,000.00	Dentical Share Of Cost		
arrier est Ppo		individual Netti.	\$50.00	mulviuuai ryem.	\$10,000.00	Month / Year	Aug 🛩 2008	\sim
P O Box 123		Family Ded.	\$150.00	Family Max.	\$99,999.00	Share	\$0.00	
		Family Ded.	\$150.00	Family Max.	\$99,999.00	Unused (current month)		
vine, CA 92612		Family Rem.	\$150.00	Family Rem.	\$99,999.00			
ayer ID hone	06126 Type EClaim 888-888-8888							
none iroup#	1000	Subscriber Information						
imployer	1000	Member Subscriber	Select from lis		~			
Test Employer		Last, First*	Test	, New Patien		Birth Date*	11/1/2003	
		Address*	123 Main St			Marital Status	Single 🗸	
						Sex	Male	~
		City, St, Zip*	Westmoreland	TN 🗸 3718	6	Plan Effective Date		
		Phone	315-350-7510			SubID*	123456	
		Patient Relation to Subscriber*	Self	~				
otes								Insert Date St
neo								mount Date St

8. Verify the information required by your practice is complete. When complete, click **Add Recall Information >>**

		Medical Alerts		
llergic To	□ Y Z N Arteriosclerosis	□ Y Z N Fainting Spells	□ Y ZN Pacemaker	
Y 💋 No Known Allergies	□ Y ZN Arthritis	□ Y ZN Fever Blisters	□ Y ZN Persistent Diarrhea	
Y ZN Aspirin	🗌 Y 🗹 N Asthma	□ Y ZN Frequent Headaches	□ Y ZN Radiation Treatment	
_γ ☑ _Ν Barbiturates / Sleeping Pills	□ Y ZN Autoimmune Disease	□ Y Z N Frequently Dry Mouth / Sjogren	□ Y ZN Rheumatic Fever	
Y ZN Codeine	🗌 Y 🗹 N Bladder Trouble	🗌 Y 🗹 N Gag Reflex	□ Y ZN Rheumatic Heart Disease	
Y N Penicillin	□ Y ZN Blood Clotting Problems	□ Y Z N Gall Bladder Trouble	□ Y Z N Rheumatoid Arthritis	
Y	□ Y Z N Blood Transfusion	□ Y Z N Hay Fever	□ Y ZN Seizures	
Y IN Sulfa Drugs	🗌 Y 🗹 N Bulimia	🗌 Y 🗹 N Heart Attack	□ Y ZN Sexually Transmitted Disease	
] Y ZN lodine	🗌 Y 🗹 N Bronchitis	□ Y ZN Heart Disease	□ Y ZN Shortness of Breath	
Y	□ Y ZN Cancer / Tumor or Growth	🗌 Y 🗹 N Heart Murmur	🗌 Y 🔽 N Skin Rash	
Y	🗌 Y 🗹 N Cardiac Pacemaker	🗌 Y 🗹 N Hepatitis	🗌 Y 🔽 N Sinus Trouble	
⊇y ZN Metals	🗌 Y 🗹 N Cardiovascular Disease	□ Y ZN Herpes	□ Y ZN Stomach Ulcers	
Y	🗌 Y 🗹 N Chemotherapy	Y VN High Blood Pressure	□ Y ZN Stroke	
Y	□ Y Z N Chest Pain Upon Exertion	□ Y ZN Hives	□ Y ZN Thyroid Problems	
Y	□ Y Z N Color Blindness	□ Y Z N Jaundice	□ Y ZN Tuberculosis	
heck, if applicable	🗌 Y 🗹 N Congenital Heart Defect	□ Y ZN Joint Replacement	□ Y ZN Unusual Weight Loss	
Y	□ Y ZN Contact Lenses	□ Y ZN Kidney	□ Y ZN Urinate Frequently	
V ZN AIDS/HIV Infection	Concestive Heart Failure	🗆 🗸 🛃 🛛 Leukemia	Other	
		Dental Questionnaire		
		Medical Questionnaire		

TIP: If there is missing or incomplete information and the patient is not in the practice, make a note of what is missing and create a flash alert for the team to complete the information once the patient arrives, or call the patient to update.



9. Add recall due dates if needed, and click Finish.

			Schedule Appt	First Visit		Last Visit	
Code	Int	Int. Type	Recall Due Date	Sched. Dt	Sched. Time	Recall Reason	
00120	6	Month 🗸				Periodic Oral Evaluation	
0210	3	Year 🗸				Intraoral - Complete Series Of Radiographic	
0274	1	Year 🗸				Bitewings - Four Radiographic Images	
0330	3	Year 🗸				Panoramic Radiographic Image	
01110	6	Month 🗸				Prophylaxis - Adult	
01120	6	Month 🗸				Prophylaxis - Child	
D4910	4	Month 🗸				Periodontal Maintenance	

10. Denticon will route to the **Patient Overview** screen for the record you created, and link this patient's record to the appointment.

Patient Overvie	w													PG	GID :4600 /	/ OID :10
ATIENT INFOR	RMATION 🗐						🖌 EDIT	RESPONSIBLE PARTY								🖌 EDI
		Test, New Pati						Name	Test, New Pa	atient		Cell		315-350-7510		
		20 / Male	📥 11	1/01/2003 ID	647	Next Visit	08/08/2024	Resp ID	539			Email		lenore.jaquin@	planetdds.	.com 🕑
	Photo	(C) 444-555-66	566	Ch	art	Next Reci	all	Туре	Insurance			Home Offic	e	Magic Kingdom	n Dental	
Ľ		🔤 newpatient	t@gmail.com 🥑			Last Visit										
Provider		Mouse, Mickey	DMD	Referral Type		Patient		DENTAL INS PRI / SEC			NS PRI / SE	<i>.</i>				
Hygienist				Referred By						Primary	A			Secondar	У	
Home Office		Magic Kingdor	m Dental	Referred To				Carrier Name	Test Ppo							
First Visit				Last Perio Ch	art			Group #	1000							
Home		111-222-3333		Contact Pref				Carrier Phone	888-888-888	38						
Work				Fee Schedul	• 0	Magic Kin	gdom UCR	Subscriber (Rel.)	Test, New Pa	atient (Self)						
Address		123 Main St		Туре		Insurance		Indi. Max (Rem.)								
								Ind. Ded. (Rem.)	\$50.00 (\$50.	00)						
City, State an	nd Zip	Westmoreland	1, TN 37186	Preferred La	nguage			ACCOUNT MEMBERS							ADD NEW	мемве
Patient Note								Member	Age / Sex	Next Visit	: Ne	ext Recall	Sched Red	all Last Visi	t (Active
Medical Alert	te:	Penicillin, Sulf	Deuror					Test, Jack	20 / M	08/08/20	24 -		-	-	١	Yes
(08/07/2024 Questionnali	01:50 PM PT)	Periciliin, Suit	a Drugs													
UMMARY B	ALANCES CON	NTRACTS REFER	RALS													
PPOINTMENT	rs		🛗 ARCHI		ADD NEW APP	ग 📔 👁 VIEW FU	TURE FAMILY APPT	BALANCES							G	
Appt Date	Appt Time	Office	Operatory	Provider	Duration	Status	Last Updated	Member	Current	Over 30	Over 60	Over 90	Over 120	Balance	Est Pat	Est ir
08/08/2024	01:15 PM	MKD	MK2	MK MIN	30	Scheduled	LENORE	Account Balance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
								Test, New Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
							Z EDIT	BILLING				CONTRACT				DECULA
•	Interval	Recall Date	Reason		s	ch Date	Sch Time		Amo	ount Date	_		_	Reg	Ortho	
ode																
Code 20120	6 M + 1D		Deriodic Or	al Evaluation				Last Pat Pay		- 000		Rem Amou		-		

TIP: If the appointment does not connect, take note the birthdate, and spelling of first and last name matches the patient appointment that was created originally.



11. To verify the process worked, return to the scheduler and refresh the screen. The N icon should no longer appear in the top left of the patient appointment, and when you right click all the Go To navigation is now available.

MK MM: Mouse, Mickey Compsve Oral Eval- New/Est Pat	Edit		
	Cut		
	Сору		
	Reschedule		
w Patient LG	Delete		
ergency	Go To	Patient Overview	
		 Treatment Plans 	
	Print	Transactions	
	Open SmartAssist	Ledger	
		Progress Notes	
		Notes	
		Email	
		Text Message	
		Restorative Chart	
		Perio Chart	
		Dentiray Classic	
		Launch Imaging System - Apteryx DCV	
		Launch Imaging System 2 - Apteryx XVW/eb	