

CBCT REFERRAL

ID:

Name of patient:

Date:

Date of birth:

Mother's name:

Price:

HUF

V. IV. III. II. I.	I. II. III. IV. V.
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
V. IV. III. II. I.	I. II. III. IV. V.

VATECH PAX REVE3D

CBCT RADIOGRAPHY	Please check the service you need	PRICE
High- volume dental	15 x 15 cm <input type="checkbox"/>	18 000 HUF
Low-volume dental	12 x 8,5 cm <input type="checkbox"/>	15 000 HUF
One tooth	5 x 5 cm <input type="checkbox"/>	8 000 HUF
Mandible	15 x 8 cm <input type="checkbox"/>	10 000 HUF
Maxilla	15 x 11 cm <input type="checkbox"/>	10 000 HUF
TMI right side <input type="checkbox"/> left side <input type="checkbox"/>	8,5 x 8,5 cm <input type="checkbox"/>	10 000 HUF
TMI two-sided	15 x 15 cm <input type="checkbox"/>	18 000 HUF
QUADRANS	<input type="checkbox"/>	8 000 HUF
I ask for canal selection	<input type="checkbox"/>	

CBCT radiography film release on pendrive: 1500 HUF/page

CBCT radiography film copy release for patient: 400 HUF/CD

Note:

Name of Physician (who gave the referral):

Address (in case of a new registration):

E-mail:

Phone:



RADIO DENTAL EXTRA CONE BEAM CT CENTRE

Before visit, please always contact us. Please remove all your jewellery and belt buckles before scan.

Please note that our X-ray unit is a contractual partner with several Health Funds.

We would like to inform our patients that captured, but unpublished footage which will be taken later, we will be able to provide you upon presenting a personal identification document.



H-1082 Budapest, **Baross u. 1.**
(between Kálvin tér and the parking garage) **Entrance at the street front**



H-1011 Budapest, **Fő u. 56–58.**

OPEN: from Monday to Friday: **6-22 h** Saturday: **9-19 h**
telephone: +36 (1) 266-3144 • e-mail: info@radiodental.hu

••••• WWW.RADIODENTAL.HU •••••