CBCT REFERRAL ID: ☐☐☐☐☐☐

Patient's name: .....

Date: ☐☐☐☐ ☐☐ ☐☐

☐☐☐☐ ☐☐☐☐ **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.

Periapical status	☐	Eccentric dental radiography	☐
Paradontologic status (parallel)	☐	TMI radiography	☐
Bitewing radiography (caries)	☐	Sinus radiography	☐
Postero-anterior radiography (opposite skull radiography)	☐	Teleradiogram	☐
Upper bite radiography	☐	Lower status	☐
Lower bite radiography	☐	Upper status	☐
Panoramic radiography (OP)	☐	Periapical dental radiography	☐

CBCT radiography film release on pendrive: **1500 HUF/page**

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

DIGITAL PANORAMA

On film	☐
On CD	☐
Both	☐

ORTHODONTIC DIAGNOSTIC PACKAGE

Panoramic radiography (OP)	☐	Digital photo	☐
Teleradiogram	☐	Radiography of a hand	☐
Postero-anterior	☐		

Name of the Physician: (who gave the referral) .....

Address: (in case of a new registration).....

E-mail: ..... Phone number: .....

DENTAL RADIOGRAPHY
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 Healt Founds.

We would like to inform our patients that captured, but unpublished footage which will be taken later, we will be able to provide you upon presenting a personal identification document.

PEST

PEST

H-1082 Budapest, **Baross u. 1.**

(between Kálvin tér and the parking garage) **Entrance at the street front**

BUDA

BUDA

H-1011 Budapest, **Fő u. 56-58.**

OPEN:

from Monday to Friday: **6 h-22 h**

Saturday: **9 h-19 h**

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