



DENTAL RADIOGRAPHY 3D CBCT AND BLOOD TAKING CENTRE



DENTAL RADIOGRAPHY 3D CBCT AND BLOOD TAKING CENTRE



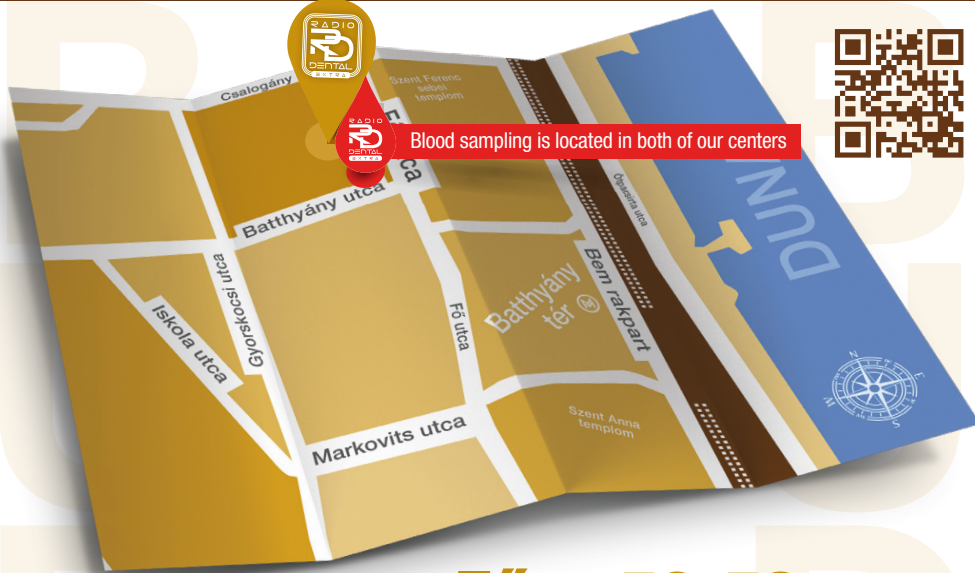
Fast-track reception for online bookings. Please remove all jewelry and hairpins before radiography.

Please be informed that our X-ray is affiliated with various medical savings schemes.



Fast-track reception for online bookings. Please remove all jewelry and hairpins before radiography.

Please be informed that our X-ray is affiliated with various medical savings schemes.



1011 Budapest, **Fő u. 56-58.**
(1 minute from Batthyány tér)

OPENING HOURS:

Monday to Friday: **6-20** • Saturdays: **9-17**

Phone: +36 (1) 266-3144 • e-mail: info@radiodental.hu

Please note that images recorded but not taken with you can be picked up at a later date by presenting a proof of identity.

●●●●● **WWW.RADIODENTAL.HU** ●●●●●

Our Doctors and Partners can also submit referrals online.



1082 Budapest, **Baross u. 1.**
(between Kálvin tér and the parking garage) Entrance from the street

OPENING HOURS:

Monday to Friday: **6-20** • Saturdays: **9-17**

Phone: +36 (1) 266-3144 • e-mail: info@radiodental.hu

Please note that images recorded but not taken with you can be picked up at a later date by presenting a proof of identity.

●●●●● **WWW.RADIODENTAL.HU** ●●●●●

Our Doctors and Partners can also submit referrals online.

CBCT-REFERRAL

1082 Budapest,
Baross u. 1.

Patient name:

Date:

Place and date of birth:

Social security number:

ID:

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.

Price: Ft

VATECH PAX REVE3D

IMAGE	Check the required test	PRICE
Complete volume dental	15 cm x 15 cm <input type="checkbox"/>	HUF 22 000
Limited volume dental	12 cm x 8,5 cm <input type="checkbox"/>	HUF 18 500
Single tooth	5 cm x 5 cm <input type="checkbox"/>	HUF 10 000
Mandibula	15 cm x 8 cm <input type="checkbox"/>	HUF 12 500
Maxilla	15 cm x 11 cm <input type="checkbox"/>	HUF 12 500
TMI right <input type="checkbox"/> left <input type="checkbox"/>	8,5 cm x 8,5 cm <input type="checkbox"/>	HUF 12 500 HUF 12 500
TMI bilateral	15 cm x 15 cm <input type="checkbox"/>	HUF 22 000
QUADRANS	<input type="checkbox"/>	HUF 10 000
Imaging from imprint	<input type="checkbox"/>	HUF 4 500

KODAK CARESTREAM 3D ONLY AT OUR CLINIC IN BAROSS UTCA

IMAGE	Check the required test	PRICE
Single tooth	5 cm x 5 cm <input type="checkbox"/>	HUF 11 000
Limited volume dental	8 cm x 9 cm <input type="checkbox"/>	HUF 17 500
Mandibula	8 cm x 5 cm Molars <input type="checkbox"/> Incisors <input type="checkbox"/>	HUF 11 500 HUF 11 500
Maxilla	8 cm x 5 cm Molars <input type="checkbox"/> Incisors <input type="checkbox"/>	HUF 11 500 HUF 11 500
Oral surgeon's opinion requested	<input type="checkbox"/>	HUF 6 000
Canal designation requested	<input type="checkbox"/>	

Notes:

Referring doctor's name:

Referring doctor's address (for new sign-ups):

Email: Phone:

We reserve the right to alter prices!
At all times a the prices on <http://www.radiodental.hu/araink> are valid!

CBCT-REFERRAL

1011 Budapest,
Fő u. 56-58.

Patient name:

Date:

Place and date of birth:

Social security number:

ID:

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.

Price: Ft

VATECH PAX REVE3D

IMAGE	Check the required test	PRICE
Complete volume dental	15 cm x 15 cm <input type="checkbox"/>	HUF 22 000
Limited volume dental	12 cm x 8,5 cm <input type="checkbox"/>	HUF 18 500
Single tooth	5 cm x 5 cm <input type="checkbox"/>	HUF 10 000
Mandibula	15 cm x 8 cm <input type="checkbox"/>	HUF 12 500
Maxilla	15 cm x 11 cm <input type="checkbox"/>	HUF 12 500
TMI right <input type="checkbox"/> left <input type="checkbox"/>	8,5 cm x 8,5 cm <input type="checkbox"/>	HUF 12 500 HUF 12 500
TMI bilateral	15 cm x 15 cm <input type="checkbox"/>	HUF 22 000
QUADRANS	<input type="checkbox"/>	HUF 10 000
Imaging from imprint	<input type="checkbox"/>	HUF 4 500
Oral surgeon's opinion requested	<input type="checkbox"/>	HUF 6 000
Canal designation requested	<input type="checkbox"/>	

Notes:

Referring doctor's name:

Referring doctor's address (for new sign-ups):

E-mail: Phone:



Monday to Friday: **6-20** • Saturdays: **9-17**
Phone: +36 1 266 3144 • e-mail: info@radiodental.hu

●●●●● WWW.RADIODENTAL.HU ●●●●●

We reserve the right to alter prices!
At all times a the prices on <http://www.radiodental.hu/araink> are valid!