

CBCT REFERRAL

D:

DENTAL RADIOGRAPHY 3D CBCT AND BLOOD TAKING CENTRE

Date:

PATIENT'S DATA

Name:

Date of birth:

Social security number:

VATECH PAX REVE3D

ÁR:

Facial skull CT (250 μ m) 15 cm x 13 cm HUF 10 000

Petrous temporal bone – Middle ear view (250 μ m) 15 cm x 13 cm HUF 10 000

VATECH GREEN X (ONLY AT OUR CLINIC IN FŐ UTCA)

ÁR:

Template and middle ear examination (120 μ m)

Right side Left side 8 cm x 8 cm HUF 12 000

Facial CT (300 μ m) HUF 12 000

REQUESTING A TEST IS **NOT** AN AUTOMATIC SERVICE

Radiology expert opinion request HUF 5 000

Radiology expert opinion (1 working day) HUF 7 500

Target area:

Positioning:

Referring doctor's name:

Address:

E-mail:

Phone:

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

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



OTORHINOLARYNGOLOGICAL 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.

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you can be picked up at a later date by presenting a proof of identity.



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.**

(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

Our Doctors and Partners can also submit referrals online.