

X-ray/3D-Model Referral Form

***Instruction to patient:**

Please bring and give this Form to the counter on your arrival for the X-ray.

Sila bawa borang ini dan serahkan ke kaunter waktu anda tiba untuk ambil X-ray.

Bukit Indah 武吉英达 : 65 & 65A, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru, Johor. Tel: 607-234 2000
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Clinic Chop:

PATIENT FULL NAME:

REGISTRATION NUMBER:

Age/DOB:

GENDER: Female Male

Referring Dr.

DATE:

3D X-ray (CBCT)

(RM480 per exposure)

(Available at Taman Sentosa Only)

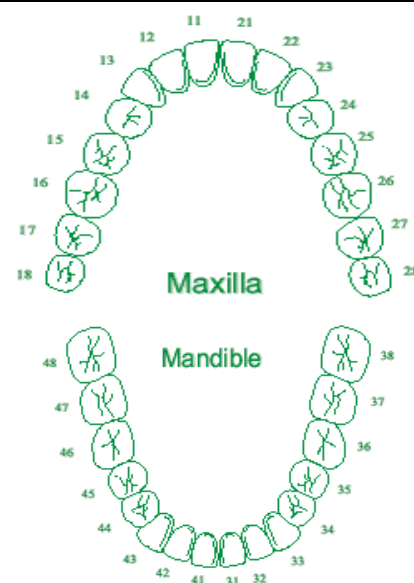


Field of View (FOV)

5x5 cm 8x5 cm

12x5 cm stitching program
 (RM850 per 2 exposures)

Please mark location on the picture:



INTRA-ORAL RADIOGRAPH:

- Periapical
- Bitewing
- Occlusal

EXTRA-ORAL RADIOGRAPH:

- OPG/DPT
- LATERAL CEPH
 - TMJ
 - Right Left
- Maxillary Sinus
 - Right Left
- Anterior-Posterior

Positioning Device /X-ray Stent/Template

Provided Not Provided

Other Specific Instructions:

Output Format

Digital/CD/DVD: .bmp, .jpeg, .tiff
 or dicom (3D)

A4 Glossy Paper

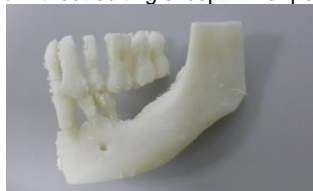
Online delivery: Dropbox/DriveHQ web link:

3D Printing Services:

RM180 per quadrant

RM320 per 2 quadrants

Due to legal implications the file will be printed without editing except minor polish



if the cost is to be paid by referring doctor, please authorize here by AFFIX CLINIC STAMP AND DOCTOR'S SIGNATURE here:

