



Mon – Fri 9:00am – 07:00pm
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Referral for radiography

Patient's name and surname:

PESEL:

Type of examination:

1. Right angle periapical RVG: tooth no.
 - a) Orthoradial Exposure
 - b) Anterior Oblique Exposure
 - c) Posterior Oblique Exposure
2. Panoramic X-ray (teeth + maxillary sinuses)
3. X-ray targeted on temporomandibular joints
4. CT of the upper jaw – important area of tooth no.
5. CT of the mandible – important area of tooth no.
6. Micro-CT, tooth no.

Examination result:

1. On a CD
2. As a photo paper printout (only RVG and panoramic X-ray)

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Date

Doctor's seal and signature