

X-ray Referral Form/Order

***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.

PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER

大学城Taman U : 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI. Tel/Fax:607-521 1111, 607-5208508. SMS: 6014-888 9000

武吉英达Bukit Indah : 30A, Jln. Indah 16/5, Taman Bukit Indah, 81200 Johor Bahru. Tel: 07-232 GIGI, 07-232 4444, SMS:6 014-9 900 900

新山大丰Taman Sentosa : 25A, Jalan Sutera, Taman Sentosa, 80150 Johor Bahru. Tel: 07-3333 000 SMS: 6014 800 2000

新山UDA/Tampoi : 39-01, Jalan Padi Emas 1/3, Uda Business Center, Bandar Baru UDA, 81200 Johor Bahru Tel:607-2 444 666 HP:016-6 800100

百合 Taman Molek : 84-01, Jalan Molek 2/2, Taman Molek, 81100, Johor Bahru. Tel : 016-6 300 500 Skype: udentalMolek

www.gigi.my info@gigi.my

Clinic Chop:

Referring Dr.

DATE:

PATIENT FULL NAME:

REGISTRATION NUMBER:

Age/DOB:

GENDER: Female Male

3D X-ray (CBCT)

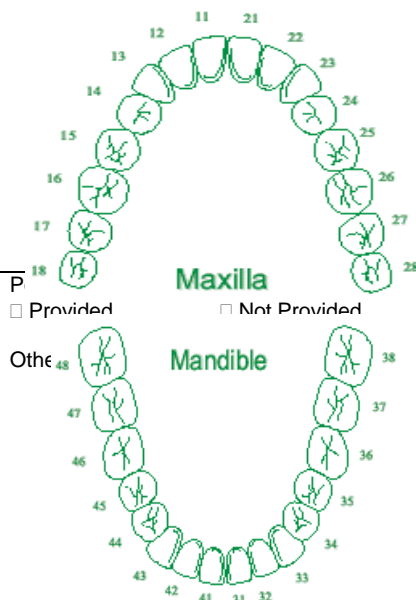
(RM480 per exposure)
(Available at Taman Sentosa Only)



Field of View (FOV)

- 5x5 cm 8x5 cm
- 12x5 cm stitching program
(RM880 per 2 exposures)

Please mark location on the picture:



CROSS SECTIONAL TOMAGRAM:
(Available at Taman Universiti Only)



Pre-scanning OPG/DPT may be necessary to define the co-ordinate of the Cross Sectional Tomogram:

Number of Slices:

- 1 2 3 4

Distance between slices:

- 2mm 4mm

OPG/DPT

LATERAL CEPH

TMJ

- Right Left

Maxillary Sinus

- Right Left

Anterior-Posterior

Output Format

- Digital/CD/DVD: .bmp, .jpeg, .tiff or dicom (3D)
- A4 Glossy Paper
- Online delivery: Dropbox/DriveHQ web link:

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



Map For 3D X-ray (CBCT)/Peta Untuk Sinaran-X 3D

Taman Sentosa

