DENTAL 3D IMAGING CENTER

#15, 1st Floor, 1st Cross, Lavelle Road, Bangalore 560001 | Mobile: +91-98806-31169
radiology@dental3ddimagingcenter.com | www.dental3dimagingcenter.com

PRESCRIPTION FORM

Date:_____

Patient Name:_____

Gender: ☐ Male ☐ Female Age:_____ DOB:_____

Email:_____

PLEASE SELECT BELOW

Scan Only (without report)**:**

☐ Email

☐ CD

☐ Both

Scan with Report:

☐ Full Report

☐ Implant Planning only

☐ Pathology only (if any)

Come Beam Computed Topography (3D CBCT)**:**

☐ Both Arches ☐ Full Maxilla ☐ Full Mandible ☐ Left & Right TMJ's

☐ Specific Area (1 - 3 Teeth):_____

2D Imaging:

☐ Panoramic View (OPG) ☐ Lateral Cephalogram ☐ TMJ View

☐ Other (Please Specify):_____

Additional Services:

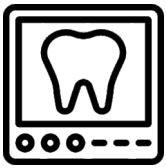
☐ Intra-Oral Scan (IOS) with 3Shape Trios (both arches with bite scans)

Referring Doctor Details:

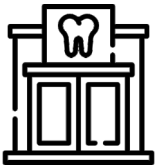
Name:_____ Contact Number:_____

Email Address:_____ Signature_____

ON-SITE PARKING AVAILABLE



STATE-OF-THE-ART EQUIPMENT



COMFORTABLE ENVIRONMENT

OUR SERVICES

3D CBCT's | Specialized X-rays | Intra-Oral Scanning
Radiologist Reports | Dental Implant Planning

WORKING HOURS

Monday: 9:15 am to 7:00 pm
Tuesday: 9:15 am to 7:00 pm
Wednesday: 9:15 am to 7:00 pm
Thursday: 9:15 am to 7:00 pm
Friday: 9:15 am to 7:00 pm
Saturday: 9:00 am to 5:00 pm
Sunday: Closed

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