



# ORAL RAYS

## CBCT AND OPG CENTRE

## REFERRAL SLIP

### PATIENT DETAILS

Patient name .....

Age ..... Gender: ☐ Male ☐ Female ☐ Other

Mobile Number .....

E-mail .....

### DOCTOR DETAILS

Doctor Name .....

Patient ID .....

Referral Date & Time .....

Remarks .....

### REASON FOR REFERRAL

- ☐ Implant Planning ☐ Tooth Impaction ☐ Periodontal disease  
☐ TMJ Analysis ☐ Pathology (Tumour/ Cyst) ☐ Trauma/ Fracture Perforation ☐ Other Anomaly  
**Endodontics:** ☐ Apical Pathology ☐ Root Canal ☐ Trauma ☐ Perforation ☐ Resorption

### REPORTING FORMAT

- ☐ E-mail & Whatsapp ☐ CD to Patient ☐ Report Print Chargeable: ☐ Extra CD ☐ Film Print

### AREA OF INTEREST (WxH)



5 x 5 cm  
(1 Tooth/ Quad)



10 x 8 cm  
(Single Arch (Max/Mand))



10 x 10 cm  
(Full Mouth)



12 x 10 cm  
(TMJ/ Airway Analysis)



14 x 8 cm  
(Sinus)



16x10 cm  
(TMJ/ Sinus/Trauma)

For reference, actual FOV will be based on information required

### SELECT TEETH OF INTEREST

Right Maxillary

Left Maxillary

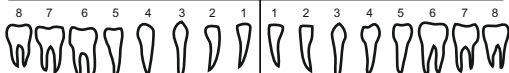


or R

L

Right Mandibular

Left Mandibular



### SCAN TYPE

- 3D**  
☐ Single Tooth  
☐ Quadrant  
☐ Single Jaw (Maxilla)  
☐ Single Jaw (Mandible)  
☐ Full Mouth  
☐ TMJ (Right & Left)  
☐ TMJ (Patient Right)  
☐ TMJ (Patient Left)  
☐ Maxillary Sinus
- 2D**  
☐ Panoramic X-Ray (OPG)  
☐ TMJ (Open & Closed)
- 3D/2D OTHER**  
☐ Nerve Tracing  
☐ Endo Canal Tracing  
☐ Other

Timings: Monday - Sunday: 10:00 AM - 7:30 PM

### MEDICAL HISTORY

- ☐ Pregnancy  
☐ Heart Condition  
☐ Diabetes  
☐ Epilepsy or Seizures  
☐ Other

Special Remarks

Consent for the diagnostics procedure

Patient

Doctor

Signature

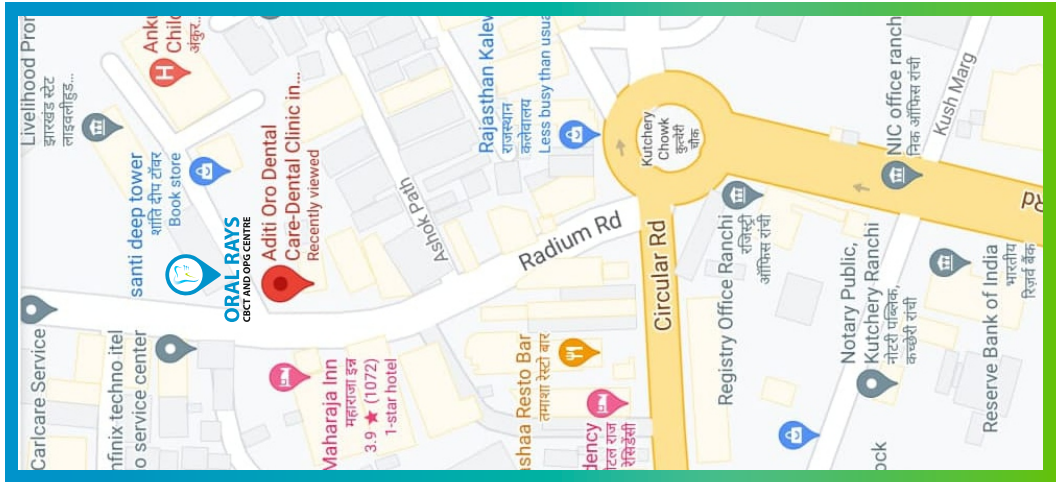
Signature



Oral Rays, Anideep Complex, 3rd Floor, Radium Rd, Opposite  
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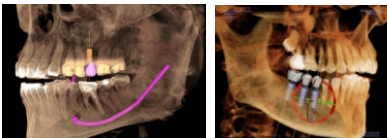
# FACILITIES

- < Digital OPG (Orthopantomogram)
- < Full Mouth CBCT (3D)
- < Single Jaw CBCT (3D)
- < Quadrant CBCT (3D)
- < Endodontic/ Single Tooth CBCT (3D)
- < TMJ (Temporomandibular Joint)
- < Scan and Analysis (2D & 3D)
- < Sinus Scan and Analysis (3D)
- < Airway Analysis
- < Facial Trauma Scan and Analysis (3D)
- < Dental Health Package\*
- < Implant Diagnostics Package\*
- < RCT Diagnostics Package\*



## General Information

- If the patient is pregnant or has any medical ailments, kindly bring it to the notice of our Oray Rays SCANMAN (Radiology Technician) Your safety is our priority.
- We consider that we have the patient and referring Dentist's consent to carry out a Dental digital X-Ray scan when you visit a center and submit this form or a prescribed form asking for a scan from your referring Dentist.
- Patients receive the best form of care and walk out with a CD of the scan images.
- As a standard protocol the scan report is sent to the referring Dentist.
- OPG scan images are shared through soft copy, however if the Dentists specifies we are happy to share a hard copy of the OPG scan.
- CBCT scan images and reports are shared through soft copy only.



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