



DentoScan.3D

IMAGING BEYOND IMAGINATION

Dr. Neha Khambete

MDS

Maxillofacial Radiologist

Reg. No. A-13998

M : 9881260939

REFERRAL FORM

Referred By : _____ Mobile No. : _____

email Address : _____ Signature _____

Patient's Name : _____ Age/ Sex: _____

History and Clinical Details: _____

Working Diagnosis: _____

Services Required

CBCT

AREA OF INTEREST

Mandible

Maxilla

Quadrant

R

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

L

* Implant

* Endodontic Assessment

* Trauma

* Temporomandibular Joint

* Orthodontics

* Airway Assessment

* Others _____

* Impacted Teeth

* Periodontal Assessment

* Pathology

Closed Open & Closed

* Paranasal sinuses

* ENT

2D IMAGING

* OPG

* Lateral Cephalogram

* TMJ

* PA Waters

* PA Skull

* Others _____

Address: Shop No G.6, Queensgate CHS, Hiranandani Estate, Patlipada, Ghodbunder Road, Thane (W)

Timings: 10.00 AM-9.00PM Sunday by appointments.

Phone :022-

For Online Appointments: www.thanebct.com

