

Referral Form

Description

- [7676655430](tel:7676655430)
- ngoscans91@gmail.com



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Referral Form

Patient Details

Doctor Details

2D Imaging Services

- OPG / Panoramic
- Lateral Ceph
- TMJ
- Hand Wrist
- PNS View
- PA View
- AP View
- SMV View
- Reverse Towne's View

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3D Imaging Services (CBCT Scanning)

Scan Region

- Single Tooth
- Quadrant
- Maxilla
- Mandible
- Full Mouth
- TMJ
- RT
- LT
- Airway Evaluation

Mark Teeth of Interest

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Scan Purpose

- Pre-Implant Scan
- Virtual-Implant Planning
- Post-Implant Scan
- Endo Evaluation
- Perio Evaluation
- Periapical Pathology
- Impaction
- Supernumerary Tooth
- Cyst / Tumor
- Jaw Fracture
- Ortho Evaluation
- Airway Evaluation
- Malignancy
- Other Pathologies, please specify

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Report Format

- WhatsApp / Email
- CD
- Paper Print
- DICOM Files
- Normal Reporting (48 Hrs)

Express Reporting (24 working hours)

- Additional charges apply
- Contact us for more details

Patient Signature

Doctor Signature

Submit Form



Timings: Monday - Saturday 9:30 AM - 9:00 PM
Sunday: 9:30 AM - 1:00 PM

Useful Links

- Home
- Services
- Faqâ??s
- Contact Us

Our Services

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[CBCT](#)

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[2D Imaging](#)

○

[3D Imaging](#)

Contact Us

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#2230, C Block, D Group, Muddinapalya Main Road, Behind Hotel Ashwa, Gidadakonenahalli, Nagarbhavi, Bengaluru â?? 56009, Karnataka

7676655430

ngoscans91@gmail.com

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Author

karunakar679