

# X-Ray Order

Date .....

## Personal profile

Name.....

Date of birth.....

Address.....

Phone .....

E-mail.....

## Preliminary information, purpose of the study:

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## Type of study:

panoramic

## 3D x-ray

temporomandibular joints.....

alveolar crest in area.....

sinuses.....

other.....

## Doctor`s profile

Name.....

Place of employment .....

Address.....

Phone.....

E-mail.....