

# X-RAY REFERRAL

ID:

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security number:

Adress: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DOCTOR'S INFORMATION:**



V.	IV.	III.	II.	I.	I.	II.	III.	IV.	V.						
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
V.	IV.	III.	II.	I.	I.	II.	III.	IV.	V.						

Note:



X-RAY IMAGING	Note	<input type="checkbox"/>
Single tooth	/film	<input type="checkbox"/>
Digital single tooth	/image on CD	<input type="checkbox"/>
Crown imaging	/film	<input type="checkbox"/>
Digital crown	/image on CD	<input type="checkbox"/>
Eccentric	/2 db films	<input type="checkbox"/>
Digital eccentric	/2 db images on CD	<input type="checkbox"/>
Bite-wing	/4 db films	<input type="checkbox"/>
Digital bite-wing	/4 db images on CD	<input type="checkbox"/>
Bite-wing status	/7 db films	<input type="checkbox"/>
Digital bite-wing status	/7 db images on CD	<input type="checkbox"/>
Periapical status	/14 db films	<input type="checkbox"/>
Digital periapical status	/14 db images on CD	<input type="checkbox"/>
Periodontal status	/14 db films	<input type="checkbox"/>
Digital periodontological status	/14 db images on CD	<input type="checkbox"/>
Lower jaw status	/7 db films	<input type="checkbox"/>
Digital lower jaw status	/7 db images on CD	<input type="checkbox"/>
Upper jaw status	/7 db films	<input type="checkbox"/>
Digital upper jaw status	/7 db images on CD	<input type="checkbox"/>

X-RAY IMAGING	Note	<input type="checkbox"/>
Digital panoramic	/CD	<input type="checkbox"/>
	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
	/CD	<input type="checkbox"/>
Digital cephalometric X-ray	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
	/CD	<input type="checkbox"/>
Digital cephalometric X-ray - under 18	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
	/CD	<input type="checkbox"/>
Digital hand X-ray	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
	/CD	<input type="checkbox"/>
Digital postero-anterior	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
	/CD	<input type="checkbox"/>
Digital temporomandibular joint (TMJ)	/film	<input type="checkbox"/>
	/film+CD	<input type="checkbox"/>
X-ray copy	/CD	<input type="checkbox"/>
Recording on USB drive		<input type="checkbox"/>

Multilayer digital panoramic /images on CD

**ONLY IN OUR CENTER AT THE FŐ STREET**

**ORTHODONTIC OPINION (AVAILABLE FOR A FEE)**

According to Hasund  According to Ricketts

Other analysis

# RADIO DENTAL EXTRA DIAGNOSZTIKAI CENTRUM

R A D I O D E N T A L E X T R A D I A G N O S T I C C E N T E R

**BLOOD  
TESTING**

**DENTAL • X-RAY  
3D CBCT**

**ULTRASONIC  
ECG**

VERVETEL.RADIODENTAL.HU

WWW.RADIODENTAL.HU

ULTRAHANG.RADIODENTAL.HU

**H-1011 BUDAPEST, FŐ UTCA 56-58. • H-1082 BUDAPEST, BAROSS UTCA 1.  
OUR CENTER AT THE FŐ STREET IS ACCESSIBLE.**

phone: (+36 1) 266-3144 • e-mail: info@radiodental.hu  www.facebook.com/radiodentalextra

**ONLINE BOOKING: WWW.RADIODENTAL.HU/ELOJEGYZES/**

We inform our patients that without an appointment, longer waiting times are to be expected.

We reserve the right to make changes! The prices on the [www.radiodental.hu/araink/](http://www.radiodental.hu/araink/) page are always valid!

## ECG (AT THE BAROSS STREET ONLY)



- ECG examination
- ECG examination with report
- ECG examination with same-day report (appointment required)

ID:

Online booking:

[www.radiodental.hu/  
ekg-vizsgalat/](http://www.radiodental.hu/ekg-vizsgalat/)



## LABORATORY TESTS (IN OUR CENTERS)



The laboratory will not process the sample if the request form is incomplete or the sample is unidentifiable.

- |  |   |                                   |   |
|--|---|-----------------------------------|---|
| <input type="radio"/> Complete blood count               | <input type="radio"/> Albumin                   | <input type="radio"/> Uric acid   | <input type="radio"/> TSH                                     |
| <input type="radio"/> Erythrocyte sedimentation rate     | <input type="radio"/> Total protein             | <input type="radio"/> Potassium   | <input type="radio"/> Vitamin D (total 25 OH vitamin D)       |
| <input type="radio"/> Blood glucose                      | <input type="radio"/> GGT                       | <input type="radio"/> Sodium      | <input type="radio"/> Beta crosslabs test                     |
| <input type="radio"/> HgbA1c hemoglobin A1c              | <input type="radio"/> GOT                       | <input type="radio"/> Phosphorus  | <input type="radio"/> General urine examination               |
| <input type="radio"/> Insulin                            | <input type="radio"/> GPT                       | <input type="radio"/> Calcium     | <input type="radio"/> Prothrombin INR                         |
| <input type="radio"/> Total cholesterol                  | <input type="radio"/> Alkaline phosphatase      | <input type="radio"/> Magnesium   | <input type="radio"/> HIV-1 Ag, HIV-1/2 antibody              |
| <input type="radio"/> HDL                                | <input type="radio"/> Alpha-amylase             | <input type="radio"/> Iron        | <input type="radio"/> Hepatitis A virus IgM AT (anti-HAV IgM) |
| <input type="radio"/> LDL                                | <input type="radio"/> Lactate dehydrogenase LDH | <input type="radio"/> Transferrin | <input type="radio"/> Hepatitis B virus (HbsAg)               |
| <input type="radio"/> Triglycerides                      | <input type="radio"/> Urea                      | <input type="radio"/> Ferritin    | <input type="radio"/> Hepatitis C virus (anti-HCV)            |
| <input type="radio"/> Total bilirubin                    | <input type="radio"/> Creatinine                | <input type="radio"/> CRP         | <input type="radio"/> SARS-CoV-2 IgG antibody test            |
| <input type="radio"/> Blood group and antibody screening |   |                                   |   |

Notes:

Online booking:

[vervetelivizsgalatok.hu/elojegyzes/](http://vervetelivizsgalatok.hu/elojegyzes/)



## METAL ALLERGY TESTS (IN OUR CENTERS)



- Special LTT allergy test for dental metals: for ceramics and cement vanadium, aluminium, titanium, cobalt, chromium, barium, silicon, cerium, boron, manganese, antimony, phosphate cement and glass ionomer cement
- LTT for titanium alloys: titanium, vanadium, aluminum, nickel
- LTT for metals: mercury, copper, silver, tin, ethylmercury, gold, nickel, palladium, chromium, cobalt, molybdenum, aluminum, platinum, cadmium

TELEPHONE CHECK-IN  
REQUIRED!



**P**

1082 Budapest, **Baross u. 1.** (between Kálvin Square and the parking garage) **entrance from the street.** We inform you that patients arriving at our Baross Street center can park for free in the parking garage above the OMV gas station.

It is also possible to send an online referral to our doctors and partners.



WWW.RADIODENTAL.HU