X-ray/3D-Model Referral Form

***Instruction to patient:**
Please bring and give this Form to the counter on your arrival for the X-ray.
Sila bawa borang ini dan serahkan ke kaunter waktu anda tiba untuk ambil X-ray.

- **Bukit Indah 武吉英达 :** 65 & 65A, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru, Johor. Tel: 607-234 2000
  HP: 6014-500 6 900 SMS: 6014-508 0000
- **Taman Sentosa 新山大丰:** 25A, Jalan Sutera, Taman Sentosa, 80150 Johor Bahru.Tel : 07-3333 000 SMS: 6 014 800 2000

www.gigi.my info@gigi.my

Clinic Chop:

Referring Dr.
DATE:

PATIENT FULL NAME:

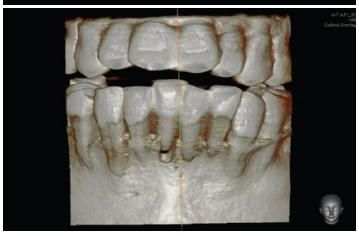
REGISTRATION NUMBER:

Age/DOB:

GENDER: ☐ Female ☐Male

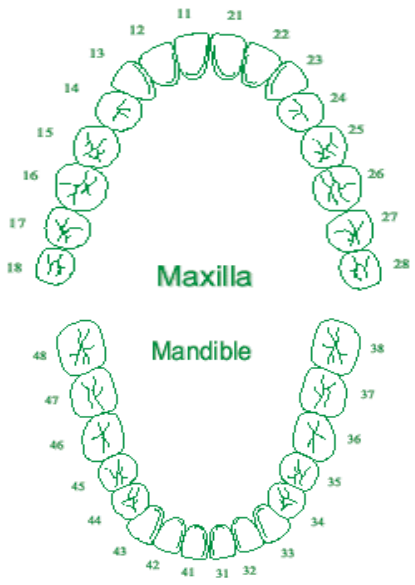
3D X-ray (CBCT)

(RM480 per exposure)
(Available at Taman Sentosa Only)



Field of View (FOV)
☐ 5x5 cm ☐ 8x5 cm
☐ 12x5 cm stitching program
(RM850 per 2 exposures)

Please mark location on the picture:



INTRA-ORAL RADIOGRAPH:
☐ Periapical
☐ Bitewing
☐ Occlusal

EXTRA-ORAL RADIOGRAPH:

☐ OPG/DPT

☐ LATERAL CEPH

☐ TMJ
☐ Right ☐ Left

☐ Maxillary Sinus
☐ Right ☐ Left

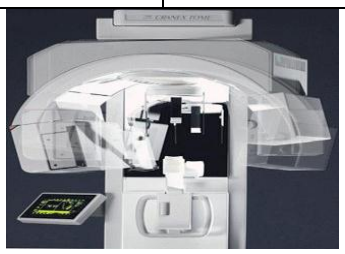
☐ Anterior-Posterior

Positioning Device /X-ray Stent/Template
☐ Provided ☐ Not Provided

Other Specific Instructions:

Output Format
☐ Digital/CD/DVD: .bmp, .jpeg , .tiff or dicom (3D)
☐ A4 Glossy Paper
☐ Online delivery: Dropbox/DriveHQ web link:

3D Printing Services:
☐ RM180 per quadrant
☐ RM320 per 2 quadrants

Due to legal implications the file will be printed without editing except minor polish

if the cost is to be paid by referring doctor, please authorize here by AFFIX CLINIC STAMP AND DOCTOR'S SIGNATURE here: