

OROMAX

oral and maxillofacial imaging

16/1, PRINCE ANWAR SHAH ROAD,
FIRST FLOOR (BACK SIDE), SHREE BALAJI APTS
PH : 033-2422-8070, 8420018192
EMAIL : oromaximaging@gmail.com

PATIENT'S NAME: _____

AGE: _____ SEX: _____

REFERRING DOCTOR: _____

CLINICAL HISTORY: _____

PLEASE MARK REGION OR TOOTH OF INTEREST

| | |
|-------------------------|-------------------------|
| 55 54 53 52 51 | 61 62 63 64 65 |
| 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 |
| 85 84 83 82 81 | 71 72 73 74 75 |

INDICATION

- ENDO
- IMPLANT
- IMPACTION
- PERIO
- ORTHO
- PATHOLOGY
- TMJ
- TRAUMA

SERVICES

- OPG
- CBCT
- SINGLE QUADRANT (1-4 TEETH)
- SINGLE JAW
- BOTH JAWS
- TMJ (SINGLE)
- TMJ (BILATERAL)
- JAWS WITH SINUS/AIRWAY
- ENT

