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CBCT REQUEST FORM

To the attention of the radiological center
We kindly request a tomographic image released in DICOM format
Name of the patient:

CBCT required:

Upper jaw

Lower Jaw

Both jaws

NOTES

- 1) Save the files in raw Dicom format (Single Frames)
- 2) Do NOT use Antiscattering Filter
- 3) Do NOT use Sticking System
- 4) Set the resolution for a single axial slide between 0.1 and 0.6 mm
- 5) Use a FOV between 5 x 8 (minimum) and 8 x 8 (or higher)
- 6) Maximum cross cut not exceeding 0.25 mm
- 7) High or medium quality acquisition (0.1 to 0.6 mm)

THE PATIENT HAS A RADIOLOGICAL TEMPLATE

It is required to insert the radiological template and check the correct positioning in the patient mouth while acquiring the CBCT

SCAN OF THE RADIOLOGICAL TEMPLATE (N.B. Set Volt and mA appropriately)

SEND THE ACQUIRED DICOM FILES (patient's and radiological template, if done) TO:

@

Doctor's stamp and signature:

or write doctor's name and
click the box for approval: