3D - RÖNTGENI SAATEKIRI

**Patsiendi isikuandmed:**

Nimi ...............................................

Isikukood .......................................

Elukoht ..........................................

Telefon ..........................................

E-mail ...........................................

Hambanumber ...............................

**Arsti andmed:**

Nimi ...............................................

Töökoht ..........................................

Aadress ...........................................

Tel ...................................................

E-mail .............................................

**Palun teostada 3D- röntgenuuring:**

 Ülalõug

 Alalõug

 Hambavalem

............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ **(Soovi korral täpsustage uuritav piirkond)**