**Röntgenuuringu saatekiri**

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| **Patsiendi andmed** | |  | **Arsti andmed** | |
| Eesnimi |  |  | Eesnimi |  |
| Perenimi |  |  | Perenimi |  |
| Isikukood | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | |  | Ettevõte |  |
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|  |  |  | Telefon |  |
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| Kuupäev |  |  | Arsti allkiri |  |

**Röntgenuuringu liik**

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|  | **Intraoraalne** |  |  | Hammas nr |  |  |  |  | Bitewing nr |  |  |  |
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|  | **Panoraam** |  |  | Standard |  | Interproksimaalne |  |  | Ortogonaalne |  |  | Bitewing |
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|  |  |  |  | Segment |  |  |  |  |  |  |  |  |
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|  | **CEPH** |  |  | Külgülesvõte |  | AP |  |  | PA |  |  |  |
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|  | **3D** |  |  | Hambad |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | Kõrge resolutsioon |  |  |  |  |  |  |
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|  |  |  |  |  |  | Standardresolutsioon |  |  |  |  |  |  |
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|  |  |  |  | Kogu hammaskond |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | Standardresolutsioon |  |  |  |  |  |  |
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|  |  |  |  |  |  | Madal resolutsioon |  |  |  |  |  |  |
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|  |  |  |  | Siinus |  | Parem |  |  | Vasak |  |  |  |
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|  |  |  |  |  |  | Standardresolutsioon |  |  |  |  |  |  |
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|  |  |  |  | TMJ |  | Parem |  |  | Vasak |  |  |  |
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|  |  |  |  |  |  | Standardresolutsioon |  |  |  |  |  |  |
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|  |  |  |  | Proface |  |  |  |  |  |  |  |  |
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**Uuringu täpsustus või konkreetne soov, mida eelnevalt ei ole välja toodud**

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