

Patient's Name: _____ Age: _____ (Sex: M/F)

Referred by: _____ Tel.: _____

Referral's Address: _____

_____ Tel.: _____

To be picked up by: Patient Dentist Others _____

PLEASE CALL Tel _____ after the procedure has been done.

Doctor's Signature _____ Date _____

PLEASE PERFORM THE FOLLOWING PROCEDURES:

X-RAYS

- PANORAMIC X-RAY
- Lateral CEPHALOMETRIC X-RAY
- Submentovertex/Base/Full Axial X-ray
- Handwrist X-Ray
- PosteroAnterior X-Ray AnteroPosterior X-Ray
- Maxillary Occlusal X-Ray
- Mandibular Occlusal X-Ray
- Single PERIAPICAL X-Ray of tooth #
- BITE WING X-Ray of tooth #
- TMJ Tomography X-Ray (4 views)
- TMJ TRANSCRANIAL X-Ray (6 views) WITH splint
- TMJ TRANSCRANIAL X-Ray (6 views) withOUT splint

DIGITAL PHOTOGRAPHS

- 2R Photography Format
- 3R Photography Format
- Smile Series 3R Photography
- TMJ Series 3R Photography

ORTHODONTIC PACKAGES

- Panoramic & Cephalometric X-rays, Orthodontic Cast & **2R** Photographs
- Panoramic & Cephalometric X-rays, Orthodontic Cast & **3R** Photographs
- Invisalign Diagnostic Package (**Fort / Galleria only**)
 - Panoramic & Cephalometric X-rays & CD copy
 - 2R Digital Photographs & CD copy
 - Upper & Lower PVS (Polyvinyl Siloxane) Impression
 - PVS Bite Registration & Orthodontic Cast

OTHERS

- Orthodontic Cast
 - Cephalometric Analysis
 - CD Copy (PC/MAC) of: (item) _____
 - Courier Service of: (item) _____
- TO: NAME _____
- ADDRESS _____

*The Iapid
Dental Center*

Shopwise, Cubao, Quezon City
T (632) 911-2473

SM City The Block, Quezon City
T (632) 442-0068

Robinsons MetroEast, Pasig
T (632) 681-7643

Robinsons Place, Manila
T (632) 536-8002

Robinsons Place, Novaliches
T (632) 937-9433

SM City, Baguio
T (074) 619-7710



YSA Robinsons Galleria
T (632) 635-7883

YSA Fort Bonifacio Global City
T (632) 856-7878

*Any ITEM not claimed within 60 days will be disposed of accordingly.
*Prices are subject to change without prior notice.*It is our policy to decline performing procedures that are not indicated on the referral form. This is based on our strict observance of the Dental Code of Ethics. **REFERRAL FORM**