



Patient Name: Patient Name	Patient Address: Patient Address
Date of Birth: Click or tap to enter a date.	Referring Dentist: Dr. X
Date of Study: Click or tap to enter a date.	Machine/Exposure: Exposure parameters
Date of Upload: Click or tap to enter a date.	Date of Report: Click or tap to enter a date.

Sample Portfolio

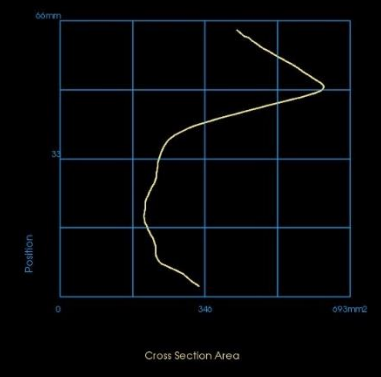
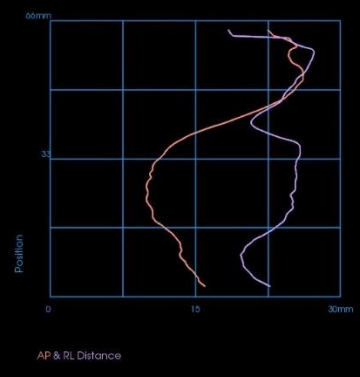
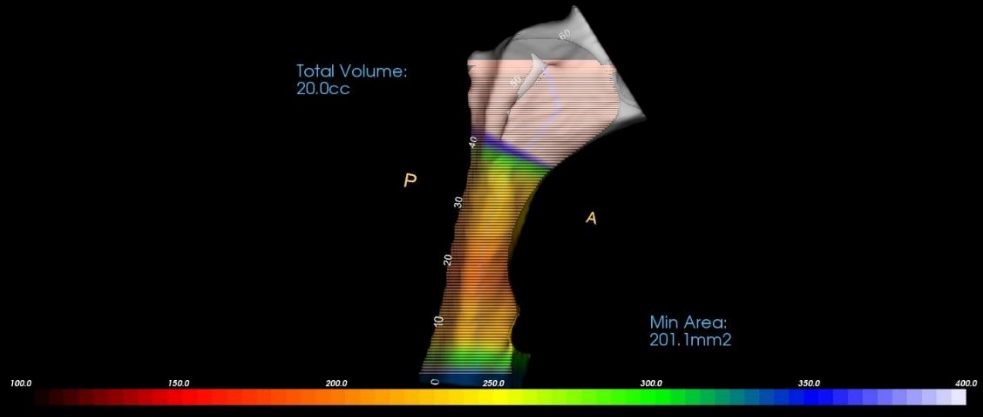
Thank you for the opportunity to serve your practice. Please feel free to contact me if you have any questions.

Sincerely,

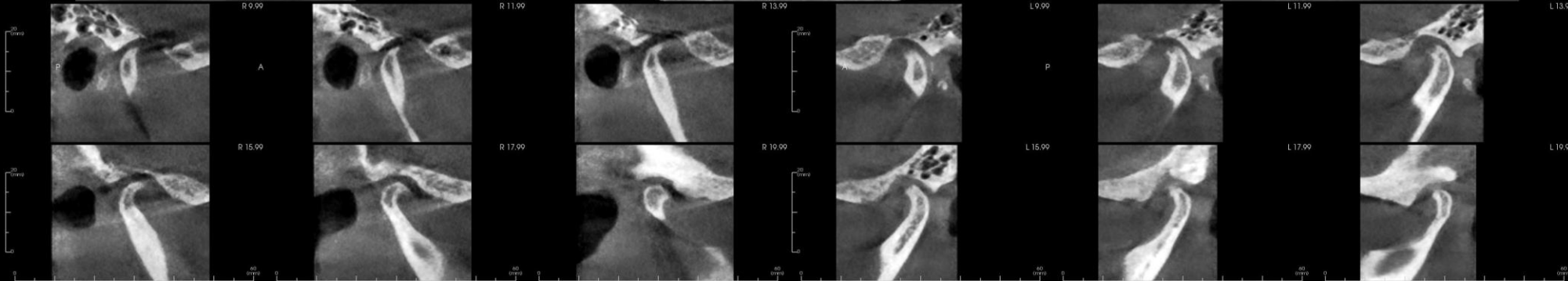
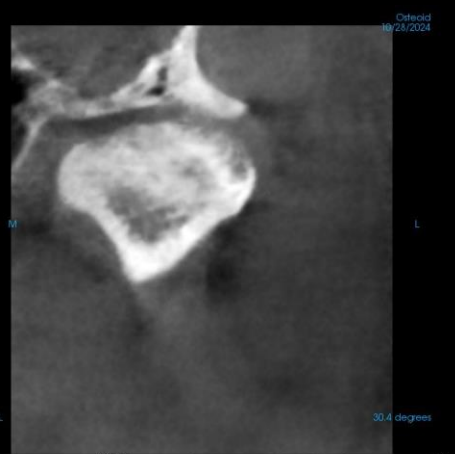
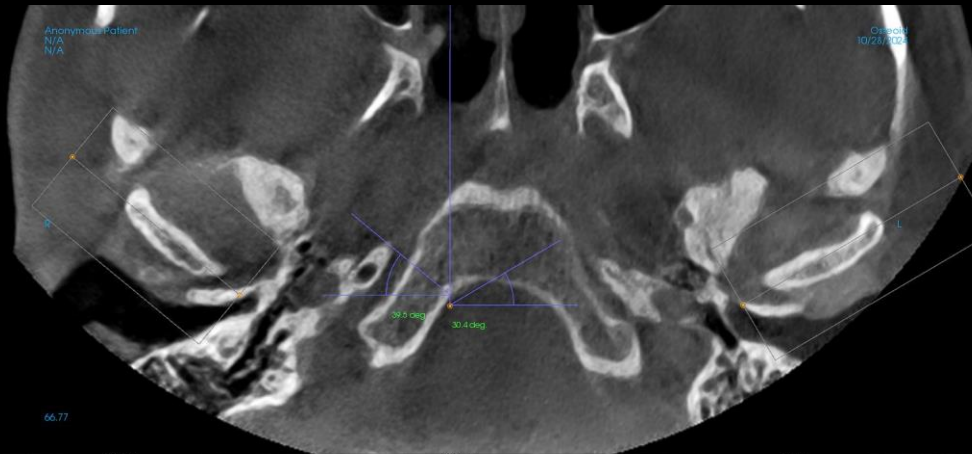
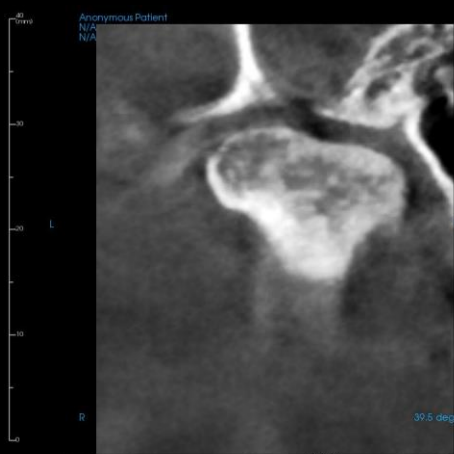
Dr. A. Ahmed
BDs, DMD, MS
Oral & Maxillofacial Radiologist



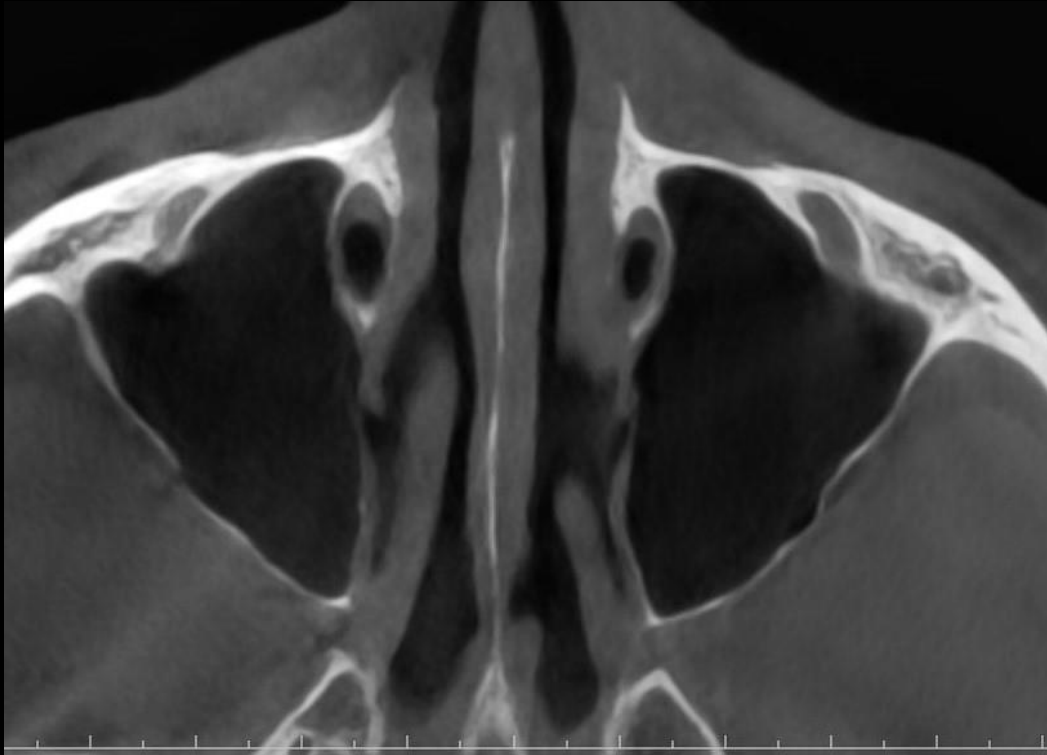
Panoramic Reconstruction



Airway Analysis



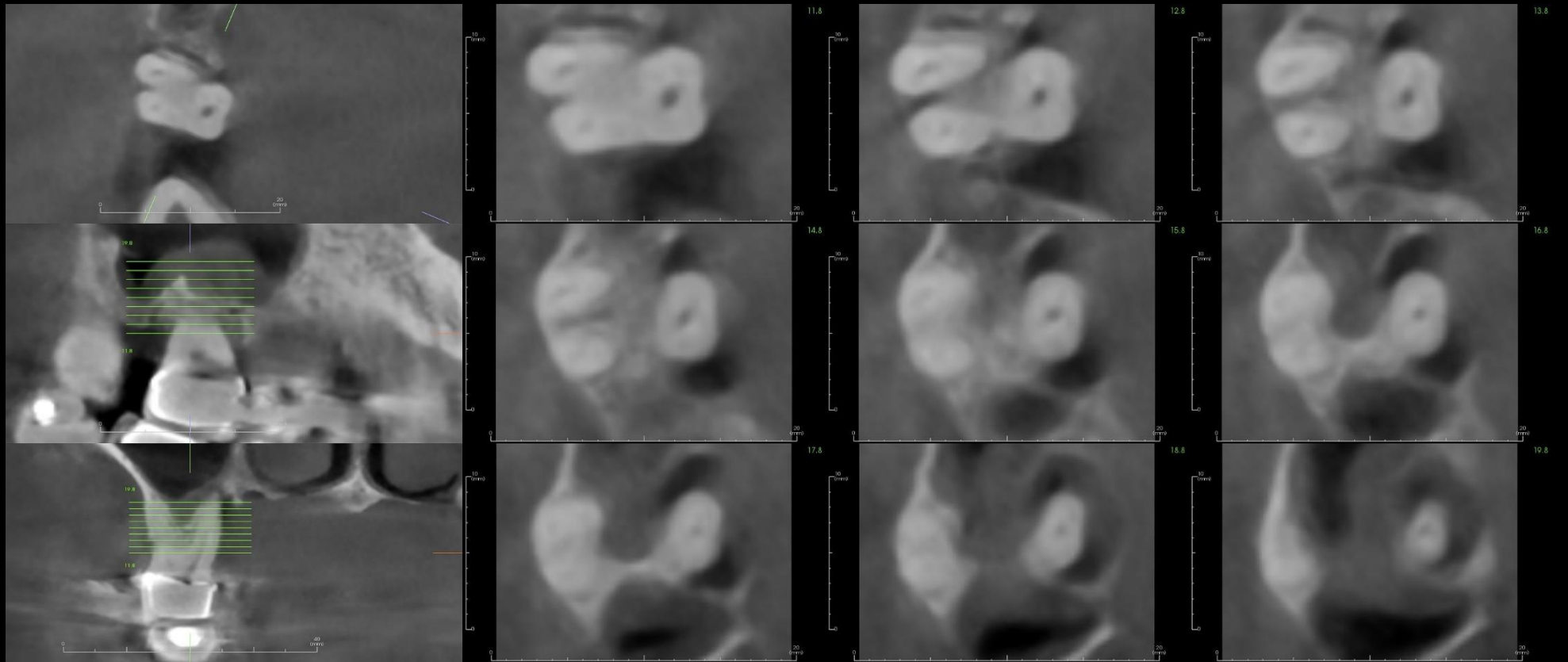
TMJ



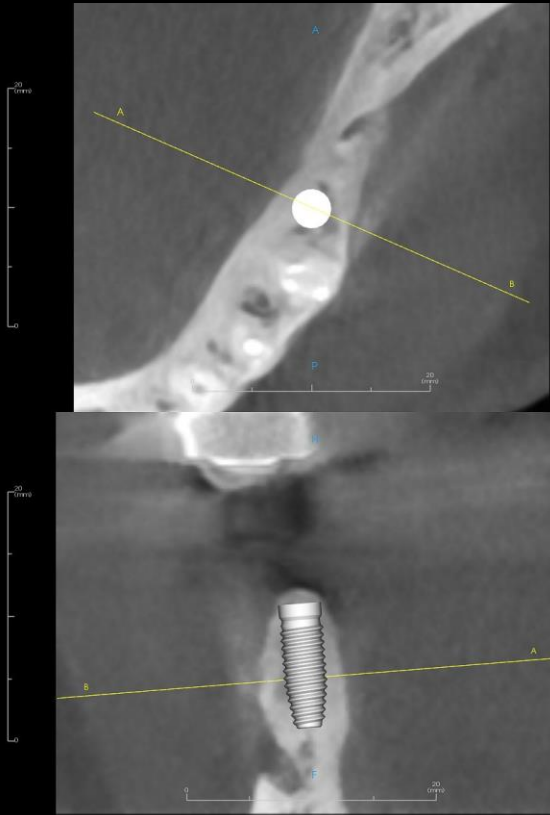
Axial Sinus



Coronal Sinus

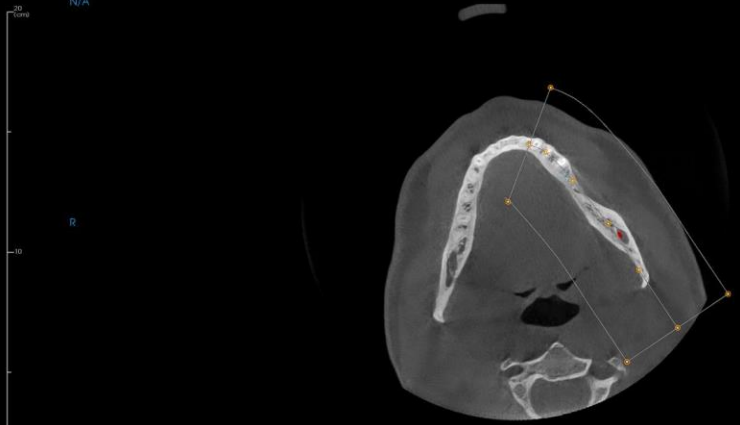


Single tooth endodontic view



Implant planning

Anonymous Patient
N/A
N/A



24.77

Osteoid
10/26/2024



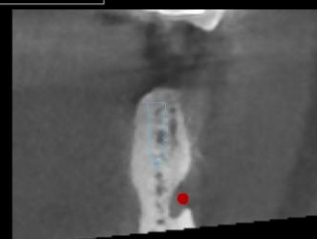
In Vivo
Osteoid



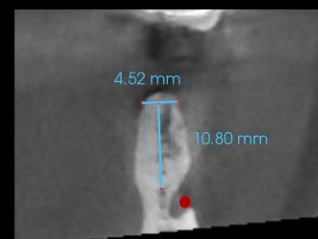
17.28



18.28



19.28



20.28



21.28

Implant Measurements



Single tooth Sagittal reconstruction



Volumetric Render Front



Volumetric Render Right



Volumetric Render Left