

R-Tech Dental of MN Room #:
(800) 826-8704
Intra-Oral Technique Chart Cal. Due:
Mfg:_____ Model:_____
Film Type:_____ Speed:_____
kVp:_____ @ _____ mA:_____ @ _____ Cone:_____ "

Exposure Teeth Adult Child
Settings: Anterior _____
Posterior _____
Max Setting @ D (Ultra) Speed: _____
Max Setting @ E (Ekta) Speed: _____
Max Setting @ F (Insight) Speed: _____

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