

Date _____

Time _____

PATIENT DETAILS

Name _____ Phone _____
 _____ Medicare _____
 Address _____ D.O.B _____
 _____ Sex _____
 _____ **Pregnant** Y / N

Please select the service required

- OPG - Trauma, Infection, Congenital, Surgical, Tumors
- OPG - Impacted Teeth, Periodontal, Caries
- OPG - Missing, Crowded, Abnormal Teeth, Orthodontic check
- OPG - TMJ Arthrosis or Dysfunction
- Ceph/Lat
- Ceph/PA
- Bone Age

CT DENTAL SCAN (Please Select)

- Maxilla
- Mandible
- Both
- Include sinuses

CLINICAL DETAILS

For assessment of Dentition or as otherwise stated.

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

REFERRER DETAILS

Provider # _____

IMAGES

- IntelViewer
- CD

Signature _____

Date _____

Copies to _____

Appointment Preparation

Your preparation for your appointment is important. Any specific requirements will be discussed when making your appointment.

Services



Magnetic Resonance Imaging (MRI)



Computed Tomography (CT Scan)

Imaging Provider

Your doctor has recommended that you use Radius Imaging, you may choose another provider but please discuss this with your doctor first.



Ultrasound



Digital X-Ray



Dental Scans



Interventional Procedures

Waurm Ponds

158 Colac Road
Highton Victoria 3216
Mon - Fri: 8,30am - 5,30pm
Free On-Site Parking

Services Offered

- MRI
- CT Scan
- Ultrasound
- Digital X-Ray
- Dental Imaging
- Interventional Procedures

Lara

3-5 Forest Road South
Lara Victoria 3212
Mon - Fri: 9,00am - 5,00pm
Free On-Site Parking

Services Offered

- Ultrasound
- Digital X-Ray
- Dental Imaging

