REFERRAL AND/OR REQUEST(S) FOR DENTAL IMAGING

312A Keilor Road, Essendon North, Victoria 3041 | Telephone: 9379 5222
Fax: 9379 7722 | www.niddriexray.com.au

Call for appointment. *See over for location.*

Time of appointment: ______ Date: / /

PATIENT DETAILS:

Name: ______ DOB: / / Telephone: ______

Address: ______ Medicare No: ______

DENTAL IMAGING:

- ☐ OPG
- ☐ CEPH
- ☐ Routine TMJ
- ☐ Trauma, infection, congenital, surgical
- ☐ Impacted teeth, periodontal
- ☐ Missing, crowded, abnormal teeth
- ☐ TMJ arthroses or dysfunction

OTHER IMAGING:

- ☐ Bone Age Wrist Current Height ______
- ☐ Sinuses
- ☐ Mandible
- ☐ CT Dentascan

(Reimbursed by Medicare for Oral / Maxillofacillofacil Surgeons / Orthodontists)

CLINICAL NOTES:

______

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

For female patients, is there any chance the patient may be pregnant? ☐ Yes ☐ No

REFERRER DETAILS:

Referring Dr: ______ Prov. No: ______

Address: ______

Signature: ✗ ______ Date: / /

REPORT

- ☐ Routine
- ☐ Routine with patient
- ☐ Send copy to:
- ☐ Telephone Report
- ☐ Facsimile Report
- ☐ Email report
- ☐ Report with jpeg images

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation.