DENTAL REFERRAL

Dr Tinku Kooner

Dr Mansoor Parker
Dr Pon Ketheswaran

EXPERIENCEINNOVATION

medical imaging ERINA

Dr Kenneth Cooke Dr Sylvia Johnson

MONDAY TO FRIDAY 8:00am - 5:00pm

Shop 18A Fountain Plaza 148 - 158 Central Coast Highway Erina NSW 2250 T: 4363 9300

F: 4367 7288

PATIENT DE Name: Address:	TAILS			D.O.I	B:/	
Phone:		Mobile: _		Work: _		
CLINICAL N	OTES 🗆 A	llergies [☐ Workers Co	mp 🗆 Mo i	re Request Pads	
SERVICE REQUESTED						
☐ Trauma Congen ☐ Impacte	lo Appointment Ne , Infection, Tumo ital Anomalies (i ed Teeth, Caries, tal Disease (iten	our, tem 57960)	☐ Later	halometry ral Ceph nasal Sinuses pero-Mandibular	☐ P A Ceph	
 ☐ Missing or Crowded Teeth, ☐ Developed Anomalies (item 57966) ☐ Suspected Tempero-Mandibular ☐ Joint Pathology (item 57969) 		☐ Denta (medic	 □ Low Dose Multi Slice CT (appointment necessary) □ Dental CT Mandible (medicare restrictions apply) □ Dental CT Maxilla (medicare restrictions apply) 			
REPORT	☐ Routine	☐ Urg	ent \square	Phone	□ Fax	

REFERRER DETAILS

Bulk Billing

Signature:

Date:

MEDICAL IMAGING ERINA

BILLING POLICY

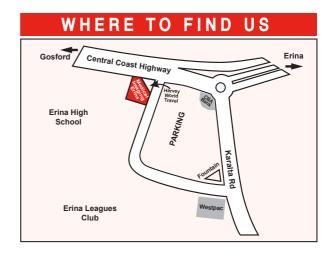
CT AND U/S GUIDED INJECTIONS	BULK BILLED
MULTI SLICE CT	BULK BILLED
ULTRASOUND	BULK BILLED
BIOPSIES	BULK BILLED
NUCLEAR MEDICINE	BULK BILLED
X-RAY	BULK BILLED

APPOINTMENT TIME

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



T: 4363 9300



Please bring all previous X-Rays to examination