DENTAL & CONE BEAM IMAGING REQUEST

- Dr Kenneth Cooke Dr David Chadban Dr Bit Wong
 Dr Sylvia Johnson Dr Rashidi Mbakada Dr Georges Hazan
- Dr Prasad Kundum Dr Sandeep Tiwari Dr Patrick Mehr Dr Cathy Nicholas Dr Savitha Chandrasekaran
- Dr Jonathan Tow Dr Raguparan Yogaratnam

MONDAY TO FRIDAY 8:00am - 5:00pm **SATURDAY** 8:30am - 12:30pm



PATIENT DETAILS

| | Name: D.O.B: / / Address: | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|---|---|--|----------------------------|-------|-----|------|---------------------|--------|-------------|--------|----|--|
| | | | | | | | | | | | | Pno | one: | | | | | | |
| SE | R ERVI | | | | | | 3 | 2 | | ILLA 2 3 DIBL | 2 | 3 | Regi | ion of Ir 5 5 | 6 6 | (please 7 7 | 8 8 | e) | |
| | □ STANDARD DENTAL X-RAYS □ OPG □ LAT CEPH □ TMJ'S □ PA CEPH □ SINUSES □ MANDIBLE □ LAT CEPH □ TMJ STUDY □ SINUSES □ AIRWAY / SOFT TISSUE □ 128 SLICE CT (Medicare restrictions apply) | | | | | | | | | | | | | | | | | | |
| CLINICAL NOTES / INSTRUCTIONS IMPACTED TEETH | | | | | | | | | | | | | | | | | | | |
| CONE BEAM IMAGE ON PAPER ON DISC DICOM FOR IMPLANT PLANNING EMAIL (EXCEPT CBCT) URGENT RETURN WITH PATIENT MORE REQUEST PADS SOFTWARE SIMPLANT SIDEXIS MED 3D NOBEL GUIDE DOLPHIN | | | | | | | | | | | | | | | | | | | |
| | REFERRER DETAILS Bulk Billing | | | | | | | | | | | | | | | | | | |

Signature:

Date:



| | 11NATION | $^{\prime}$ |
|------------------------|----------|------------------|
| $\vdash X \ \Delta IV$ | | Δ 110 M |
| | | |

| Preparation | |
|------------------|--------|
| | |
| | |
| Appointment | |
| Appointment Time | Date// |

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

| | CONE BEAM | OPG |
|------------------------------|-----------|-----|
| Medical Imaging Bankstown | ~ | ~ |
| Quantum Radiology Leichhardt | | ~ |



medical imaging BANKSTOWN

T: 8760 9100

medical imaging **ERINA**

T: 4363 9300

nepean **RADIOLOGY**

MOUNT DRUITT

medical

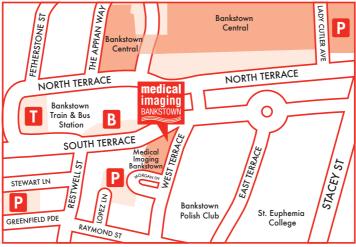
imaging

RADIOLOGY ST MARYS

T: 9623 2550



T: 4722 4700 T: 9854 0100



258 South Terrace, Bankstown NSW 2200

OFFICE HOURS

Monday to Friday 8.00am - 5.00pm Saturday 8:30am - 12:30pm

Phone: 02 8760 9100 Fax: 02 8760 9101 www.imagingbankstown.com.au