

PATIENT INFORMATION



Local • Service • Independent • Quality

Name:

Your Ref.:

Private Workers Compensation Veteran's Affairs Other:

EXAMINATIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> OPG - Trauma, infection, tumours, congenital conditions or surgical conditions of the teeth or maxillofacial region | <input type="checkbox"/> Cephalometric Film | <input type="checkbox"/> CT - Mandible |
| <input type="checkbox"/> OPG - Impacted teeth, caries, periodontal or periapical pathology where signs or symptoms of those conditions are evident | <input type="checkbox"/> CT Dental Scan - Mandible | <input type="checkbox"/> CT - Maxilla |
| <input type="checkbox"/> OPG - Missing or crowded teeth, or developmental anomalies of the teeth or jaws | <input type="checkbox"/> CT Dental Scan - Maxilla | <input type="checkbox"/> CT - Dental implants |
| <input type="checkbox"/> OPG - Temporomandibular joint arthroses or dysfunction | <input type="checkbox"/> Facial Bones | <input type="checkbox"/> CT - 3D (unerupted teeth) |
| | <input type="checkbox"/> Sinus XRay | <input type="checkbox"/> CT - Facial bones |
| | <input type="checkbox"/> Skull XRay | <input type="checkbox"/> Other |
| | <input type="checkbox"/> TMJ's and TOMO's | |

(NB Medicare payments for CT scans are restricted to referrals by Maxillo-Facial surgeons, Prosthodontists and Medical Practitioners)

Clinical Notes:

More Request Pads Fax Report Deliver Return with Patient

D
E
N
T
A
L

.....
Date

.....
Signature

RADIOLOGISTS

Dr Kenneth Cooke
Dr Patrick Luckey
Dr Stefan Lehnhardt
Dr Alok Gupta

Please see REVERSE
for ADDRESS &
TELEPHONE DETAILS