



PATIENT

**Patient Name**

Address

Contact Details

Date of Birth

Medicare No

EXAMINATION

**Examination Requested**

**OPG**

- 57963 – Impacted teeth / caries, periodontal
- 57966 – Missing or crowded teeth / development of teeth or jaw
- 57969 – Temporomandibular joint arthroses or dysfunction
- 57960 – Trauma / infection / tumours / congenital-surgical conditions

**Cephalometry**

- Lateral  PA

**Cone Beam**

- Small field of view (high resolution – 5x5cm)
- Upper dentition  Lower dentition  Entire dentition
- Implant guide / stents
- Temporomandibular joints

**CT Dentascan**

- 

**Clinical Details (required by Medicare)**

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\_\_\_\_\_

DENTAL

OFFICE USE ONLY

- TAKE
- COLLECT
- DELIVER
- Name
- DOB
- Exam
- Side
- Initials \_\_\_\_\_

REFERRER

**Referred By**

Name

Provider No

Address

Signature

Date

**Report**

- Fax
- Electronic Delivery

**Cone Beam Data Set**

- Carestream Recons
- Raw data (DICOM)

**Images**

- CD
- CD & Film

**Request**

- A5 referral pads
- PACS login

Electronic Download Available