



Address: **Shop 2, 37 Victoria Street, Hastings, VIC 3915**  
 Phone: **03 5979 2182** or **03 9568 1809** Fax: **03 5979 1590**  
[www.forestradiology.com.au/booking](http://www.forestradiology.com.au/booking)

## Dental Imaging Request

Time of Appointment: \_\_\_\_\_ Date: \_\_\_\_\_

### Patient's Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### 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

#### REFERRER DETAILS:

Referring Dr: \_\_\_\_\_ Prov. No: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: / /

#### REPORT:

- Routine
- Telephone report
- Email report
- Return with patient
- Fax report
- Report with jpeg images
- Send copy to:

#### Official Use Only

- Correct Client ID Verified
- Correct Patient Information
- Patient Pregnant (Y/N)
- Correct Examination
- Patient Consented