

Dental Examination Request

Appointment Time: _____ Day: _____ Date: _____ Location: _____

Patient's Name: _____ DOB: _____ Sex: M / F
Address: _____ Telephone No: _____

EXAMINATION

OPG
 Lateral Cephalometry
 H/W Skeletal Age
 Intra Oral
 TMJ (open/closed)
 CT Dentascan*
 Other

Cone Beam VT*
 Mandible
 Maxilla
 TMJ
 Specific site.....

**Medicare rebate payable in accordance with Medicare referrer criteria*

CLINICAL DETAILS

REGIONS OF INTEREST

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

RESULTS

No film required
 Disc required
 Film required

CC: _____

PHONE REPORT TO

DOCTOR SIGNATURE _____ **DATE** _____ / _____ / _____

PLEASE BRING THIS REQUEST FORM, YOUR MEDICARE CARD, ANY RELEVANT PREVIOUS FILMS AND YOUR PENSION / HEALTH CARE CARD

Directory of Services

Clinic Name and address		Phone Number	Fax Number	CONE BEAM VT	OPG	LATERAL CEPH	H/W SKELETAL AGE	INTRA ORAL	CT DENTASCAN	SATURDAY SERVICE	SUNDAY SERVICE
CENTRAL	<input type="checkbox"/> St Andrew's Hospital 1st Floor, 350 South Tce, Adelaide	8402 4401	8402 4430							am	
	<input type="checkbox"/> MRI & Breast Imaging Ground Floor, 350 South Tce (building opposite main hospital entrance)	8402 4424	8402 4435								
	<input type="checkbox"/> Calvary Wakefield Hospital 270 Wakefield St, Adelaide	8306 5612	8306 5623		●	●	●		●	am pm	am pm
	<input type="checkbox"/> Burnside (Attunga Medical Centre) 97 Hewitt Ave, Toorak Gardens	8403 3100	8403 3120	●	●	●	●	●	●	am	
	<input type="checkbox"/> Kurralpa Park (Tennyson Centre) 520 South Rd, Kurralpa Park	1300 435 566	8193 9550		●	●	●		●		
	<input type="checkbox"/> Stepney (SPORTSMED SA) 32 Payneham Road, Stepney	8133 1900	8133 1915						●		
	<input type="checkbox"/> SAHMRI (Clinical & Research Imaging Centre) North Terrace, Adelaide	8470 6750	8470 6780						●		
NORTH	<input type="checkbox"/> Modbury 27 Smart Rd, Modbury	8397 5800	8397 5811		●	●	●		●	am	
	<input type="checkbox"/> Munno Para Lot 2, Main North Rd, Blakeview	8307 9700	8307 9709		●	●	●		●	am	
	<input type="checkbox"/> Prospect 294 Main North Rd, Prospect	8309 4130	8309 4142		●	●	●		●	am	
SOUTH/HILLS	<input type="checkbox"/> Noarlunga Hospital Alexander Kelly Drv, Noarlunga Centre	8307 3400	8307 3420		●	●	●		●	am	
	<input type="checkbox"/> Seaford Meadows 67 Seaford Road, Seaford Meadows	1800 373 982	8386 4412						●		
	<input type="checkbox"/> Southern Specialist Centre Cnr Main Sth/O'Sullivan Bch Rds, Morphett Vale	8307 3450	8307 3460		●	●	●		●		
	<input type="checkbox"/> Mount Barker District Hospital Wellington Rd, Mount Barker	1800 766 433	8188 7729		●	●	●		●	am	
	<input type="checkbox"/> Mount Barker Central 6B/20 Druids Avenue, Mount Barker	1800 766 433	8188 7713						●		
COUNTRY Freecall 1800 810 655	<input type="checkbox"/> Alice Springs Hospital Gap Rd, Alice Springs	8951 7870	8953 4300		●		●		●		
	<input type="checkbox"/> Goolwa 24 Cadell Street, Goolwa	1800 693 126	8555 6110						●		
	<input type="checkbox"/> Port Augusta Hospital Hospital Rd, Port Augusta	8642 5322	8642 6255		●	●	●		●		
	<input type="checkbox"/> Port Lincoln Hospital Oxford Tce, Port Lincoln	7625 3600	7625 3620		●	●	●		●		
	<input type="checkbox"/> Port Pirie Hospital The Terrace, Port Pirie	8638 4519	8638 4368		●		●		●		
	<input type="checkbox"/> South Coast District Hospital Harborview Tce, Victor Harbor	7523 9600	7523 9610		●	●	●		●		
	<input type="checkbox"/> Southern Yorke Peninsula Hospital Yorketown	8852 1200	8852 1664						●		
	<input type="checkbox"/> Walleroo District Hospital Wallaroo	8823 0235	8823 0232		●		●		●		
	<input type="checkbox"/> Whyalla Hospital Wood Tce, Whyalla	8645 5486	8645 5584		●	●	●		●		

Your doctor has recommended you use Dr Jones & Partners Medical Imaging. You may choose another provider however it is important to discuss this with your doctor first.