

DENTAL REFERRAL

Patient Name: _____ M / F
DOB: _____ Phone: _____
Address: _____

EXAMINATION

- OPG Cephalometry → Lateral Frontal
- TMJ Tomogram
- CT Scan → Dental Planning Maxilla Mandible TMJ
- 3D → Imaging/Data acquisition Model printing (additional fee)
- Other _____

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|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | L |
| | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | |

(Please mark)

CLINICAL NOTES

- Examine Dentition Trauma Implant Planning Sinuses
- Impaction Mandibular Canal Orthodontic Planning Maxilla
- 3rd Molars Maxillofacial Surgery Airways Assessment Mandible
- TMJ Bone Lesion Soft Tissue Lesion
- Other _____

REFERRING DOCTOR

Name: _____ Provider No: _____
Address: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____

REPORT

SPECIAL INSTRUCTIONS

- Urgent Phone More referral pads Filmless
- Routine Fax Email (encrypted) Images on storage media

PLEASE BRING PREVIOUS FILMS FOR COMPARISON

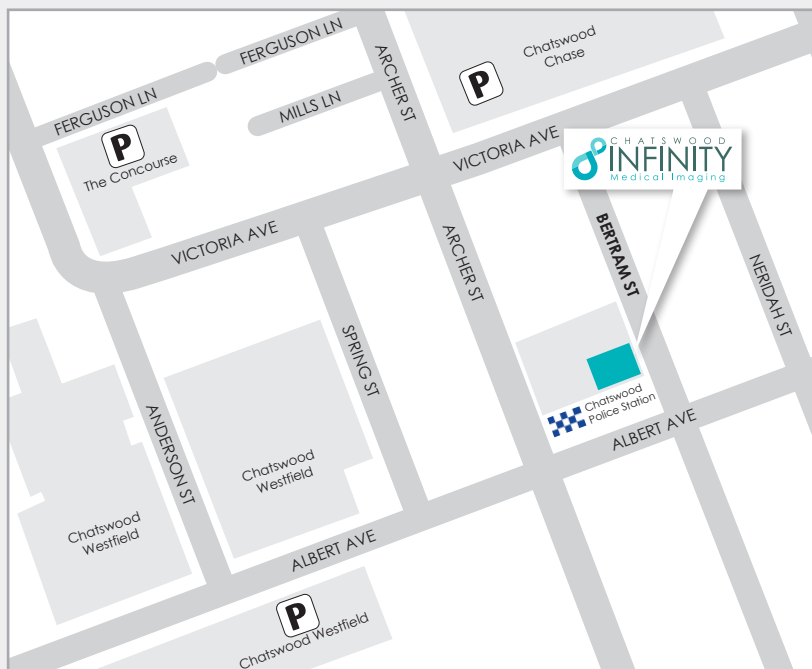
BULK BILL for eligible examinations.

Same day reporting and appointments available. Please call our friendly receptionists for further information.

Your doctors will be contacted directly with medically urgent results.

DIRECTIONS TO PRACTICE

- Practice located next to Chatswood Police Station on Bertram Street
- Chatswood Chase parking - Chase shopping centre Victoria Avenue exit
- Chatswood Westfield parking - Albert Avenue exit, walk along Albert Avenue towards the police station and turn left into Bertram Street
- The Concourse parking - Exit onto Victoria Avenue, walk along Victoria Avenue towards Chase and turn right into Bertram Street



Chatswood Infinity Medical Imaging are happy to accept ALL valid referrals. Your doctor has recommended you to us for your medical imaging service. You may choose another provider but please discuss this with your doctor first.

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