

BULK BILLING*

PATIENT DETAILS

Date: _____

Name: _____

DOB: _____ Phone: _____

Address: _____

Medicare No: _____ Exp: _____

EXAMINATION REQUIRED

- OPG (57963) Impacted teeth, caries, periodontal or periapical pathology
- OPG (57960) Trauma, infection, tumours, congenital or surgical conditions of teeth
- OPG (57966) Missing or crowded teeth or development of anomalies of the teeth or jaw
- OPG (57969) Temporomandibular joint arthroses or dysfunction
- Lateral Cephalogram (57914)
- Temporomandibular joints (57941)
- CT Facial bones/Dental (Orthodontists and Maxillofacial Surgeons only)
- Other (specify) _____

CLINICAL NOTES

COPY REPORT TO:

- URGENT
- PHONE RESULT
- FILMS WITH PATIENT

REFERRING DOCTOR

Name: _____ Date: _____

Provider No: _____

Address: _____

Phone: _____

Signature: _____

Now owner operated by local sub-specialty Radiologists

REFERRAL

REFERRAL

REFERRAL

REFERRAL

REFERRAL

REFERRAL

WARNERS BAY

9/472 The Esplanade, Warners Bay NSW 2282

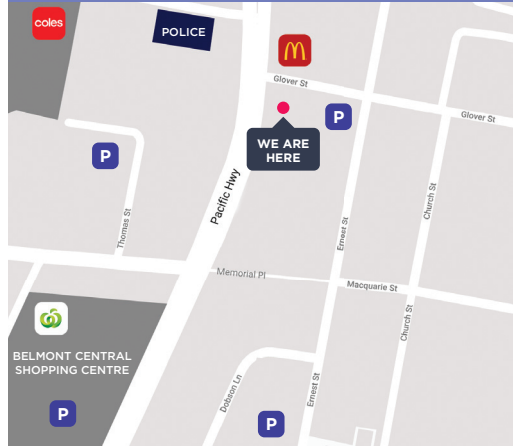

Opening Hours:

Mon-Fri: 8am-5pm Sat: 9am-12noon

Fax: 4915 7476

BELMONT

545 Pacific Highway, Belmont NSW 2280


Opening Hours:

Mon-Fri: 8am-5pm Sat: 9am-12noon

Fax: 4945 0718

YOUR APPOINTMENT DETAILS

Time: _____ Date: _____

Preparation: _____

OUR SERVICES

	Belmont	Warners Bay
X-ray	●	●
Ultrasound	●	●
CT	●	●
Bone Density	●	
OPG/Dental	●	●
Guided US Injections	●	●
Guided CT Injections	●	●
Biopsies	●	●

***All eligible Medicare services BULK BILLED**