

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 (Orthodontist and Maxillo facial surgeons only)
- ☐ Other (specify) _____

CLINICAL NOTES

COPY REPORT TO:

- ☐ URGENT
- ☐ PHONE RESULT
- ☐ FILMS WITH PATIENT

REFERRING DOCTOR

Name: _____ Date: _____

Provider No: _____

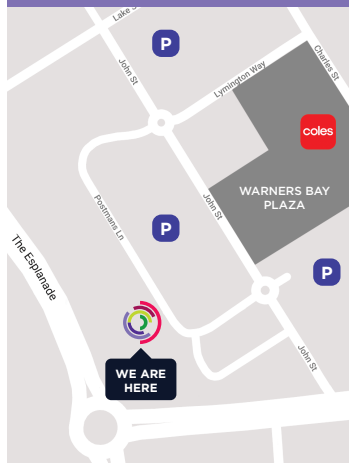
Address: _____

Phone: _____

Signature: _____

WARNERS BAY

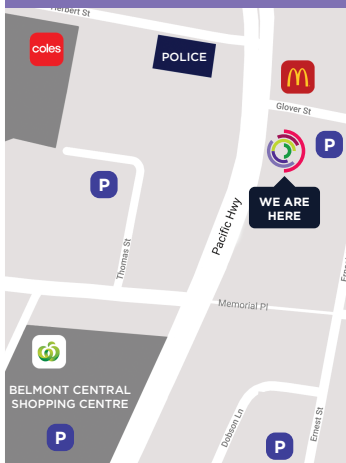
9/472 The Esplanade,
Warners Bay NSW 2282



Opening Hours: Mon-Fri: 8am – 5pm
Fax: 4915 7476

BELMONT

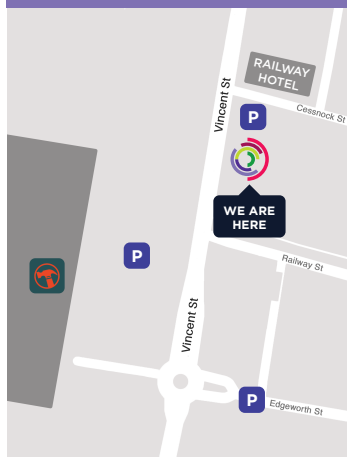
545 Pacific Highway,
Belmont NSW 2280



Opening Hours: Mon-Fri: 8am – 5pm
Fax: 4945 0718

CESSNOCK

1 Cessnock Street,
Cessnock NSW 2325



Opening Hours: Mon-Fri: 8am – 5pm
Fax: 4013 5088

YOUR APPOINTMENT DETAILS

Time: _____ Date: _____

Preparation: _____

OUR SERVICES

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