

# Dental Imaging Referral



Date:

## Patient Details

Name:

Address:

Date of Birth:

Phone:

Email:

Male  Female

Medicare No:

## Type of Study

OPG

Lat Ceph

AP Ceph

TMJ

CBCT

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

Maxilla

Mandible

2-Arch

### CBCT Reconstruction Requests

#### Delivery Method

- Hard Copy (CD)
- PACS
- Email

#### PACs Image Format

- Axial Only
- 3-Planar

#### Hard Copy Image Format

- Cross-sectional (IAN marking)
- 3-Planar
- Dicom
- Dicom Viewer

## Clinical Notes

## Referrer Details

Name:

Phone:

Specialty:

Fax:

Address:

Email:

Provider number:

Signature:

Copies to:

Results :  Routine  Urgent  Phone call  Fax

More request forms



### Opening Hours:

Please refer to our website for our current trading hours.

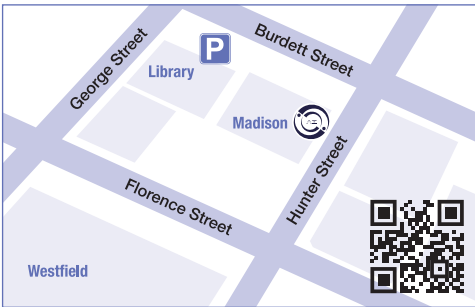
[www.advicon-imaging.com.au](http://www.advicon-imaging.com.au)

## Advicon Imaging Medical Imaging Practice Locations



### Hornsby Madison:

Suite 6/25-29 Hunter Street  
(the Madison Building) Hornsby NSW 2077  
T: 61 2 8000 9195 F: 61 2 8123 0937



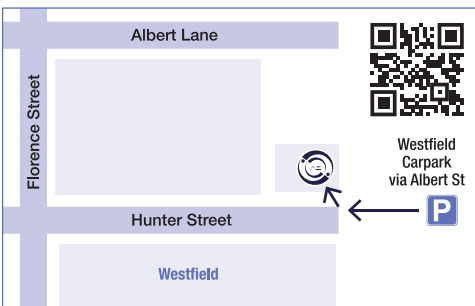
### Gladesville:

241 Victoria Road (junction with Massey Street)  
Gladesville NSW 2111  
T: 61 2 8123 0938 F: 61 2 8123 0939



### Hornsby Hunter Street:

Shop 2 / 14 Hunter Street  
Hornsby NSW 2077  
T: 61 2 8000 9195 F: 61 2 8123 0937



### West Ryde:

Shop 3 / 1017 - 1019 Victoria Road  
West Ryde NSW 2114  
T: 61 2 7241 7756 F: 61 2 7241 7757

