

Dental Imaging Referral



Patient Details

Name: _____ Address: _____
Date of Birth: _____
Phone: _____ Email: _____
 Male Female Medicare No:

Type of Study

<input type="checkbox"/> OPG	<input type="checkbox"/> Lat Ceph	<input type="checkbox"/> AP Ceph	<input type="checkbox"/> TMJ	<input type="checkbox"/> 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		
<input type="checkbox"/> Maxilla				<input type="checkbox"/> Mandible				<input type="checkbox"/> 2-Arch									

Delivery Method

- Hard Copy (CD)
- PACS
- Email

CBCT Reconstruction Requests

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

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



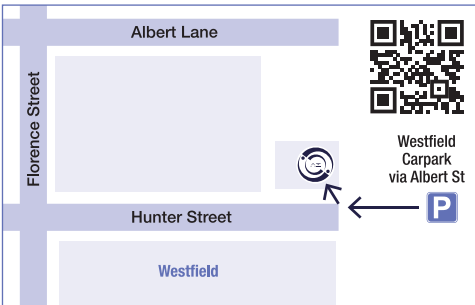
Gladesville:

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

