Dental Radiology Referral

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____ Gender: _____

Phone: _____ Medicare No: _____

REQUEST

OPG

- [ ] OPG1: Trauma, infection, tumour, congen, surgical condition
- [ ] OPG2: Impacted teeth, caries, periodontal, periapical
- [ ] OPG3: Missing, crowded teeth, developmental anomalies
- [ ] OPG4: TMJ arthroses or dysfunction

- [ ] Specialist DMFR Report
  additional charges may apply

Cephalometry
- [ ] Lateral
- [ ] PA
- [ ] Lat C Spine

X-Ray
- [ ] Lat C Spine
- [ ] Bone Age
- [ ] TMJs

CT Dentascan
- [ ] Maxilla
- [ ] Mandible
- [ ] Entire Dentition

MRI
- [ ] MRI TMJs

R | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | L
  | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 |

NOTES

Clinical notes: _____

_____

_____

REFERRING DOCTOR

Name: _____

Provider No: _____

CC: _____

Address: _____

- [ ] Urgent
- [ ] Ph: _____
- [ ] Allergies: _____

Signature _____ Date

Medical Imaging Final Check

MIT initials: _____

- [ ] 3 Patient identification check verified
- [ ] Correct side & site verified
- [ ] Procedure & consent verified
- [ ] Pregnancy excluded

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Patient Information

① How to book?

Follow 2 simple steps to get a call back

1. Scan the QR code
2. Upload a photo of referral front page.

Done! We will contact you shortly.

OR

1300 822 741

bookings@cqradiology.com.au

cqradiology.com.au/booking

Please send through your referral prior to making an appointment

② Your appointment

Date: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time.

Preparation: _____

For preparation instructions please refer to cqradiology.com.au

③ What's important?

General X-Ray | OPG No appointment needed. All Medicare eligible X-Rays are Bulk Billed.

Ultrasound | Nuclear Medicine | MRI | CT | Mammography | Bone Densitometry | Dental | Interventional Procedures Please make an appointment. Preparation may be required prior to examination. Fees may apply.

④ Where to go?

For more information on our clinics, scan the QR code

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