



## Dental request forms

Please see over for clinic locations and phone numbers



Book your appointment online at [i-med.com.au](http://i-med.com.au)

Patient should sign in I-MED clinic when they attend the appointment

Are you the Assignor:

YES  NO

I assign my right to benefits to the diagnostic imaging provider who will render the requested diagnostic imaging service/s and any eligible determinable service/s.

Signature: .....

Date: .....

**Staff use only:**  
Time out section - tick to complete:

- Correct patient verified
- Correct procedure, side & site
- Correct patient data
- Patient consented and form signed

<b>NAME:</b> .....	<b>D.O.B.:</b> .....
<b>ADDRESS:</b> .....	
.....	
<input type="radio"/> OPG CLOSED POSITION	<input type="radio"/> OPG MOUTH OPEN
<input type="radio"/> LATERAL CEPHALOGRAM	.....
<input type="radio"/> FRONTAL CEPHALOGRAM	.....
<input type="radio"/> MAXILLARY SINUSES	.....
<input type="radio"/> MANDIBLE	.....
<input type="radio"/> TEMPORO-MANDIBULAR JOINTS	.....
<input type="radio"/> OPEN & CLOSED VIEWS	<input type="radio"/> +/- TOMOGRAPHY
<input type="radio"/> CT DENTASCAN	<input type="radio"/> MRI
<input type="radio"/> HAND & WRIST (BONE AGE)	<input type="radio"/> ARTHROGRAPHY (WESLEY HOSPITAL ONLY)
<input type="radio"/> OTHER	.....
.....	
.....	
.....	
.....	
.....	
<b>REFERRED BY:</b> .....	<b>DATE:</b> .....
<b>ADDRESS:</b> .....	
.....	
<b>PROVIDER NO.:</b> .....	
<b>CC DR:</b> .....	<b>ADDRESS:</b> .....
.....	
<b>SIGNATURE:</b> .....	

Patient Examination Clinical notes Referring doctor

Your doctor has recommended you use I-MED Radiology. You may choose another provider but please discuss this with your doctor first.

**Films & report**  POST  FAX (NO: \_\_\_\_\_)  EMAIL  RETURN TO PATIENT

MORE REFERRAL PADS  A5 (MANUAL)  A4 (COMPUTERISED)