



Dental request form



Book your
appointment
online at
i-med.com.au

Staff use only:

Time out section -
tick to complete:

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

NAME: D.O.B.:

ADDRESS:

☐ OPG CLOSED POSITION ☐ OPG MOUTH OPEN

☐ LATERAL CEPHALOGRAM

☐ FRONTAL CEPHALOGRAM

☐ MAXILLARY SINUSES

☐ MANDIBLE

☐ TEMPORO-MANDIBULAR JOINTS

☐ OPEN & CLOSED VIEWS ☐ +/- TOMOGRAPHY ☐ MRI ☐ ARTHROGRAPHY (WESLEY HOSPITAL ONLY)

☐ CT DENTASCAN

☐ HAND & WRIST (BONE AGE)

☐ OTHER

REFERRED BY: DATE:

ADDRESS:

PROVIDER NO:

CC DR: ADDRESS:

SIGNATURE:

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)