RADIOLOGY IMAGING SOLUTIONS

DENTAL IMAGING REQUEST
BULK BILLING AVAILABLE

PATIENT DETAILS

Name

Date of Birth

Address

Gender ◯ Male ◯ Female

Phone No

Medicare No

IMAGING REQUEST

- ◯ OPG
- ◯ Lateral Ceph
- ◯ Frontal Ceph
- ◯ TMJ
- ◯ Bone Age
- ◯ Sinuses
- ◯ Other
- ◯ Cone Beam CT
- ◯ **57960** - trauma, infection, tumours, congenital or surgical conditions of teeth or facio-maxillary region
- ◯ **57963** - impacted teeth, caries, periodontal or periapical pathology
- ◯ **57966** - missing or crowded teeth or developmental anomalies of the teeth or jaw
- ◯ **57969** - temporo-mandibular joint arthrosis or dysfunction

CLINICAL DETAILS

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

REFERRING DOCTOR *(Name, Provider No, Address and Phone No)*

◯ Urgent ◯ Routine ◯ Films with patient

◯ Do not send to My Health Record

◯ Phone report ◯ Fax report

◯ Copy To

Doctor's signature: _____ **Date:** _____

Please turn over for map and location of our nearest clinics

OUR CLINICS & SERVICES

BULK BILLING available at all sites (conditions apply)

For up to date information go to **www.ris.com.au**

		X-RAY	DENTAL IMAGING	ULTRASOUND	ULTRASOUND INJECTIONS	CT SCAN	CT INJECTIONS
Altona 82 Pier St T 9315 0841 F 9315 9598	Mon - Fri 9am - 5pm	●	●	●	●		
Footscray 38-40 Byron Street T 9689 9446 F 9689 9896	Mon - Fri 9am - 5pm Sat 9am - 2pm	●	●	●	●	●	●
Hoppers Crossing 119 Heaths Rd T 8866 5558 F 8866 5559	Mon - Fri 9am - 5pm	●	●	●	●		
Lara 19-21 Station Lake Rd T 5292 9000 F 5292 9001	Mon - Fri 9am - 5pm	●	●	●	●	●	●
Point Cook Bldg 2, 1-11 Dunnings Rd T 9395 8588 F 9395 7588	Mon - Fri 9am - 5pm Sat 9am - 1pm	●	●	●	●	●	●
St Albans 191 St Albans Rd T 9364 1113 F 9364 1114	Mon - Fri 9am - 5pm Sat 9am - 2pm	●	●	●	●		
Tarneit 16 Lavinia Drive T 8899 7676 F 8899 7654	Mon - Fri 9am - 5pm Sat 9am - 1pm Sun 9am - 1pm (By Appointment Only)	●	●	●	●	●	●