



## PATIENT DETAILS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

## EXAMINATION REQUESTED

### Routine Imaging

- OPG
- TM JOINTS
- LATERAL CEPHALOGRAM

### Clinical Notes

- 57960 Trauma, Infection, Tumour, Congenital/Surgical Condition
- 57963 Impacted Teeth, Caries, Periodontal Pathology, Periapical Pathology
- 57966 Missing/Crowded Teeth, Developmental Anomalies
- 57969 TMJ Arthroses or Dysfunction
- Dento-Maxillofacial Radiologist report (Out-of-Pocket Fees Apply)

### Cone Beam i-CAT Imaging (Appointment required)

- MAXILLA ONLY
- MANDIBLE ONLY
- MAXILLA & MANDIBLE
- TM JOINTS
- IMPLANT STUDY
- GENERAL DENTAL ASSESSMENT (Maxilla, Mandible, Sinuses, TMJ)
- ORTHODONTIC ASSESSMENT (Maxilla, Mandible, Sinuses, TMJ, Airway, Occlusion)

### Disc Requirements

- DICOM DISC ONLY
- i-CAT Vision viewing software

### CT Dentascan (Appointment required)

- MAXILLA
- MANDIBLE
- MAXILLA & MANDIBLE

### Bite Position

- NATURAL BITE
- TEETH SEPARATED

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
UPPER RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UPPER LEFT
LOWER RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOWER LEFT
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

Please tick the tooth/teeth for consideration

## CLINICAL NOTES

### REFERRER (Doctor's Name, Provider Number and Date are a legal requirement)

Doctor's Name: \_\_\_\_\_ Provider No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Copy of Report to: \_\_\_\_\_

Please bring this referral form at time of examination

Thank you for choosing South Coast Radiology

For Appointments: 1300 197 297 bookings@scr.com.au scr.com.au

v01-02-26 PA5-04

## ① How to Book?



Booking your appointment is quick and easy

1. Scan the QR code or,
2. Visit [scr.com.au](http://scr.com.au) to book online

OR

# 1300 197 297

Call one of our friendly team members to schedule your appointment.

## ② Your Appointment

Please arrive 15 minutes prior to your appointment time. You will receive detailed preparation instructions for your appointment at the time of booking.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Clinic location: \_\_\_\_\_

## ③ Accessing your Images

South Coast Radiology offers iVue – our free Patient App and secure digital portal giving you convenient access to your medical imaging performed at South Coast Radiology.

View your images anytime from your smartphone, tablet, or web browser. Share them with your healthcare providers or family, and easily request appointments when needed. Download our free iVue Patient App via the App store on your smart phone.

**Please Note: Your images will reach your account 7 days after your appointment.**

**Important Medicare Advice:** Your referrer has recommended you use South Coast Radiology. You may choose another provider, but please discuss this with your referrer first.

## ④ Where to go?

	iCAT	OPG	CEPHALOMETRY	TM JOINTS ON OPG	MRI TM JOINTS	DENTASCAN CT IMPLANT (Specialist Referred)
<b>Benowa</b>					●	●
<b>Burleigh</b>		●	●	●		●
<b>Hope Island</b>		●	●	●		●
<b>John Flynn Hospital</b>					●	●
<b>Miami</b>		●	●	●		●
<b>Oxenford</b>		●	●	●		●
<b>Palm Beach</b>		●	●	●		●
<b>Pimpama</b>		●	●	●	●	●
<b>Pindara Private Hospital</b>					●	●
<b>Robina</b>		●	●	●	●	●
<b>Runaway Bay</b>		●	●	●		●
<b>Southport Spine Centre</b>	●	●	●	●	●	●
<b>Tweed Heads</b>		●	●	●		●

