



Practice Hours:

Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Saturday	9.00am – 1.00pm

*Your practitioner has recommended that you use Balaclava Radiology.
You may choose another provider but
please discuss this with your practitioner first.*

Time of appointment: _____ Date: ____ / ____ / ____

PATIENT DETAILS:

Name: _____ DOB: ____ / ____ / ____ Telephone: _____

Address: _____ Medicare No: _____

DENTAL IMAGING:

- OPG
- CEPH
- Routine TMJ
- Trauma, infection, congenital, surgical
- Impacted teeth, periodontal
- Missing, crowded, abnormal teeth
- TMJ arthroses or dysfunction

OTHER IMAGING:

- Bone Age Wrist Current Height _____
- Sinuses
- Mandible
- CT Dentascan
(Reimbursed by Medicare for Oral / Maxillofacillofacil Surgeons / Orthodontists)

CLINICAL NOTES:

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

For female patients, is there any chance the patient may be pregnant? Yes No

REFERRER DETAILS:

Referring Dr: _____ Prov. No: _____

Address: _____

Signature: X _____ Date: ____ / ____ / ____

REPORT

- Routine
- Routine with patient
- Send copy to: _____
- Telephone Report
- Facsimile Report
- Email report
- Report with jpeg images

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation.

Call for appointment. See over for location.