TrueScan Radiology

DENTAL IMAGING REQUEST

PATIENT DETAILS

Name* **DOB***

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ Third Party

EXAMINATION REQUESTED

- ☐ OPG
- ☐ Lat Ceph
- ☐ TMJ
- ☐ Sinuses
- ☐ Bone Age
- ☐ Cone Beam CT
- ☐ Other

AREA TO BE EXAMINED

Upper Jaw

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* **Speciality***

Address* **Provider Number***

Contact Number* **Fax Number:**

*Must be completed

Signature* **Date***

All reports and images are available electronically (via InteleRad and/or downloads).
Please tick below for your additional requests.

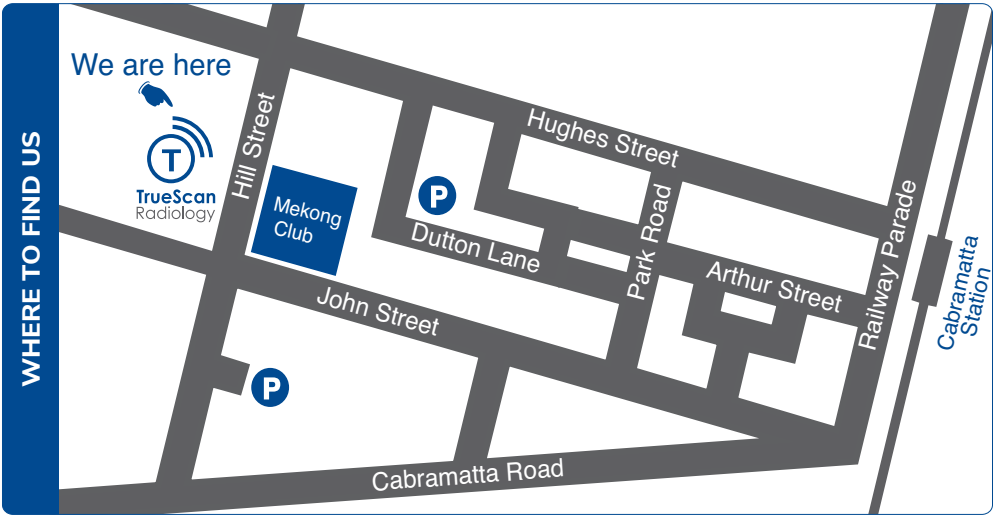
☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

TrueScan Radiology

DENTAL IMAGING REQUEST

WHERE TO FIND US



CONTACT DETAILS

59 Hill Street,
Cabramatta NSW 2166

(02) 9726 2299

(02) 9726 2399

help@truescan.com.au

Monday to Friday
8.00am - 5.30pm

Saturday
8.00am - 1.00pm

Closed Sundays and
public holidays

OTHER SERVICES

- General X-Ray
- CT (low dose)
- Cone Beam CT
- Ultrasound
- 3D Mammography
- Interventional Procedures
- Dental
- Liver Elastography
- FNA & Core Biopsy
- Bone Mineral Density

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