



Dental Radiology Referral

Name: _____

Address: _____

DOB: _____ Gender: _____

Phone: _____ Medicare No: _____

PATIENT DETAILS

OPG

- OPG1: Trauma, infection, tumour, congen, surgical condition
- OPG2: Impacted teeth, caries, periodontal, periapical
- OPG3: Missing, crowded teeth, developmental anomalies
- OPG4: TMJ arthroses or dysfunction

Specialist DMFR Report
additional charges may apply

Cephalometry

- Lateral
- PA

CT Dentascan

- Maxilla
 - Mandible
 - Entire Dentition
-
- Lat C Spine
 - Bone Age
 - TMJs
-
- MRI TMJs

REQUEST

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Clinical notes:

NOTES

Name: _____

Provider No: _____

CC: _____

Address: _____

Urgent Ph: _____

Allergies: _____

Signature	Date
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REFERRING DOCTOR

Medical Imaging Final Check

MIT initials: _____

- 3 Patient identification check verified
- Correct side & site verified
- Procedure & consent verified
- Pregnancy excluded

Contact us
1300 697 226
scradiology.com.au



	Please consider the environment CHOOSE TO GO FILMLESS	All images are digitally stored for future online access or printing if required
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① How to book?



Follow 2 simple steps to get a call back

1. Scan the QR code
2. Upload a photo of referral front page.

Done! We will contact you shortly.

OR

1300 697 226

bookings@scradiology.com.au

scradiology.com.au/booking

Please send through your referral prior to making an appointment

② Your appointment

Date: _____ Preparation: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time.

For preparation instructions please refer to scradiology.com.au

③ What's important?

General X-Ray | OPG No appointment needed. All Medicare eligible X-Rays are Bulk Billed.

Ultrasound | Nuclear Medicine | MRI | CT | PET-CT | Mammography | Bone Densitometry | Dental | Interventional Procedures Please make an appointment. Preparation may be required prior to examination. Fees may apply.

④ Where to go?



For more information
on our clinics,
scan the QR code