

CBCT and OPG Request

Patient Information

First Name: Surname: DOB:

Address: Suburb: Gender: F M

State: Postcode: Contact: Are you pregnant? Y N

Referring Doctor to complete

Doctors Name: Contact #:

Practice: Email:

Provider #:

Area of interest

1 8 17 1 6 1 5 1 4 1 3 1 2 1 1 2 1 2 2 2 3 2 4 2 5 2 6 2 7 2 8
4 8 4 7 4 6 4 5 4 4 4 3 4 2 4 1 3 1 3 2 3 3 3 4 3 5 3 6 3 7 3 8

OPG \$110

Wisdom teeth

Cone Beam CT* \$175 (*report not included)

Wisdom teeth Dental implants Endodontics

Surgical Guide CAD CAM guided surgery

Delivery of Report and Image/s (Tick the appropriate)

Email Report Email Scan
 Scan on disk Deliver with patient

Dr Signature

Date