

Clayray

Dental Radiology

Level 1, 24 Collins St
Melbourne 3000
t: 03 9650 1152
images@clayray.com.au

205 Barkers Rd
Kew 3101
t: 03 9045 9978
kewimages@clayray.com.au

Patient name _____ D.O.B _____ Sex M F

Address _____

Examination requested

OPG for:

- impacted teeth, caries, periodontal path, periapical pathology
- missing / crowded teeth / developmental anomalies of teeth or jaw
- trauma, infection, tumour, congenital or surgical conditions of teeth or jaw
- TMJ arthroses / TMJ dysfunction
- Lat. ceph P.A ceph Bone age
- TMJ 2D-open & closed views

Morita Cone Beam CT for:

- Endodontic study
- Dental implant planning
- Orthodontics / unerupted teeth
- IDN survey
- T.M.J conditions
- Pathology

Referrers's details

Date _____ *

Provider no. _____ *

Name _____ *

Signature _____ *

Delivery instructions

- Copy reports to
- Post / Deliver
- Give to patient
- No hard copies / Inteleviewer portal
- Send referral pads

Email scans to _____

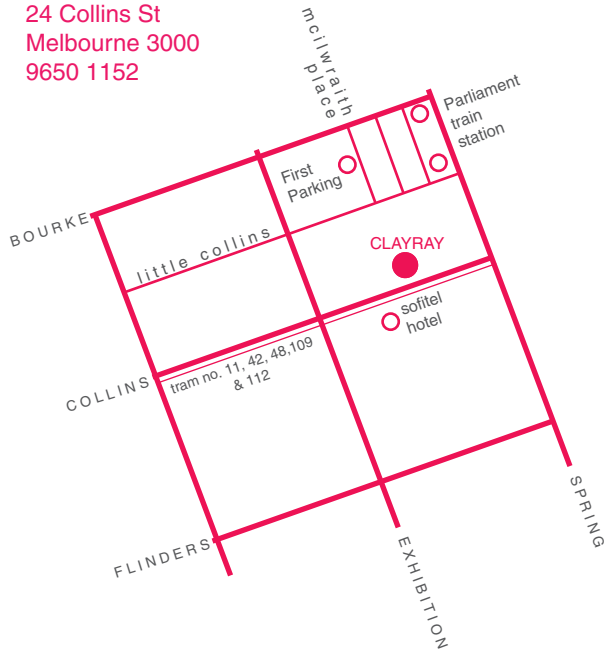
Additional clinical notes

Region of interest

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

CBD

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24 Collins St
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9650 1152



KEW

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9045 9978



Your clinician has recommended that you use Clayray Dental Radiology. You may choose another provider but please discuss this with your referer to ensure the best outcome for you.

Important!

Please present to the clinic with a signed and dated hard copy of this request form to be seen on the day. Appointments are recommended for all Cone Beam CT.