



CONE BEAM DENTAL SCAN (I-CAT)

EXAMINATION REQUEST

Glen Waverley Radiology 262-264 Springvale Road Glen Waverley 3150 Tel: 8541 7600 Fax: 8541 7655

REFERRAL AND/OR REQUEST(S) – TO THE DOCTORS OF MIA VICTORIA

Appointment Time: Date: Branch:

Patient Details

Name Date of Birth

Address

Telephone Ref/U.R.

Dental Imaging		Other Imaging		
<input type="checkbox"/> OPG	<input type="checkbox"/> LAT CEPH	<input type="checkbox"/> AP CEPH	<input type="checkbox"/> IMPLANT STUDY	<input type="checkbox"/> ARCH
<input type="checkbox"/> TMJ	<input type="checkbox"/> BONE AGE	<input type="checkbox"/> IMPACTION	<input type="checkbox"/> THIRD MOLAR	<input type="checkbox"/> SPECIFIC SITE
		<input type="checkbox"/> SURGERY PLANNING (SPECIFY)	<input type="checkbox"/> SINUSES	<input type="checkbox"/> PATHOLOGY
			<input type="checkbox"/> OTHER	

Region/s Clinical Notes

Region of Interest: Special Instructions:

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

Sex M F Is the patient pregnant? Y N

Referrer Details	Patient	Report
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Referring Dr	Prov. No.	<input type="checkbox"/> Private	<input type="checkbox"/> Pension	<input type="checkbox"/> 3rd Party Software (please specify)
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Address	<input type="checkbox"/> Vet / Aff.	<input type="checkbox"/> TAC	<input type="checkbox"/> Email images to:
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Signature	Date	<input type="checkbox"/> W / Cover
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Glen Waverley Radiology

262-264 Springvale Road

Glen Waverley 3150

Telephone: 8541 7600

Facsimile: 8541 7655

Melway Ref: 71 C2

Enter Glen Waverley Radiology car park via Springvale Road or Glen Court or patients can park across the road in the 2hr Free Car Park and cross the road at the Pedestrian Lights.

