

# Dental

## PATIENT

Name

DOB

## REQUEST

**OPG**  **item 57963**

impacted teeth, caries,  
periodontal or periapical  
pathology

**OPG**  **item 57960**

trauma, infection, tumours,  
congenital or surgical conditions  
of teeth or faciomaxillary region

**OPG**  **item 57966**

missing or crowded teeth or  
developmental anomalies  
of the teeth or jaw

**OPG**  **item 57969**

temporomandibular joint arthrosis  
or dysfunction

**XR**  lateral cephalogram  
please indicate overjet



**XR**  temporomandibular joints

**XR**  please specify

**CT**  please specify

## CLINICAL HISTORY

Please bring any previous films & request form to your next appointment

## ALSO PROVIDE COPY OF REPORT TO

Name

Address/Location

Your doctor has recommended you use Chatswood Radiology or Ryde Radiology for quality imaging.  
You may choose another provider but please discuss this with your doctor first.

## DOCTOR

Sign

Provider No.

Date

Do you want Films?

Yes

**CHATSWOOD**  
Radiology

**CHATSWOOD**  
RADIOLOGY

13 Spring Street  
Chatswood NSW 2067  
Tel: 02 8423 2700  
Fax: 02 9410 0244

**X-RAY**  
**OPG**  
**ULTRASOUND**  
**CT**  
**MRI**  
**INTERVENTIONS**  
**MAMMOGRAPHY**  
**BONE DENSITOMETRY**

**RYDE**  
Radiology

**RYDE RADIOLOGY**

Suite 1, Level 1A  
1 Pope Street  
(Above Ryde Library)  
Ryde NSW 2112  
Tel: 02 9813 2500  
Fax: 02 9809 2890

**X-RAY**  
**OPG**  
**ULTRASOUND**  
**CT**  
**INTERVENTIONS**  
**MAMMOGRAPHY**  
**BONE DENSITOMETRY**

## RYDE RADIOLOGY

Suite 1, Level 1A, 1 Pope Street,  
(Above Ryde Library) Ryde Tel: 02 9813 2500

**Free parking at Top Ryde City Shopping Centre**



## CHATSWOOD RADIOLOGY

13 Spring Street, Chatswood Tel: 02 8423 2700

**Free parking at Westfield & Chatswood Chase**

