

Dental

PATIENT

Name

DOB

GRAFTON

137 Fitzroy Street
Grafton NSW 2460
Tel: 02 6604 2400
Fax: 02 6643 2306

X-RAY
OPG
ULTRASOUND
CT
MAMMOGRAPHY
BONE DENSITOMETRY

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

MACLEAN

52 River Street
Maclean NSW 2463
Tel: 02 6603 2800
Fax: 02 6645 3788

X-RAY
ULTRASOUND

CLINICAL HISTORY

Please bring any previous films & this request form to your appointment.

DOCTOR

Sign

Provider No.

Date

Do you want Films? Yes No

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