## **Dental Referral**

Serving our local community since 1974

**PATIENT** 

Name Date of birth

Phone Female Gender Male

**Address** 

**Email** 

**REQUEST** Please tick one of the following

57963 - Impacted teeth, caries **OPG** periodontal imperiapical

pathology.

57966 - Missing or crowded teeth or developmental anomalies of

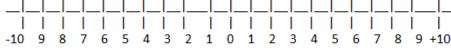
the teeth or jaw.

57960 - Trama, infection, tumours, congenital or surgical conditions of teeth or faciomaxillary region.

57969 - Temporomandibular joint

arthrosis or dysfunction.

**Xray** Lateral cephalogram please indicate overjet Temporomandibular joints



OTHER OPG Please specify details below **GOONELLABAH** 

799 Ballina Road goonellabah@ncrad.com

**CLARENCE VALLEY** 

lmaging

**NORTH COAST** 

1300 669 729

ballina@ncrad.com

**BYRON BAY** 

**Shopping Centre** 

**8 Bayshore Drive** 

byron@ncrad.com

Byron West

**CASINO** 

ALDI Complex, 133-145 Centre Street casino@ncrad.com

**BALLINA** 93 Tamar Street

Radiology

**CLINICAL HISTORY** 

Exclude **Investigate** Monitor Confirm

02 6604 2400

**GRAFTON** 

137 Fitzroy Street

grafton@ncrad.com

**DENTIST** 

Name

Address

Date

Email

Copy to

**PATIENT** Please call patient to arrange appointment Patient will call

Provider

Number

**ZED Information** 

Appointment Date:

Time:

Images & report when complete (ZED)

Films

Preparation:

Please bring this form, Medicare and concessional cards to your appointment along with any previous relevant films. Your medical practitioner has recommended you use NCR or CVI for quality imaging. You may choose another provider but please discuss this with your medical practitioner first.

Phone

NCR and CVI are committed to sustainability. All images are available digitally only unless requested

INTERNAL USE ONLY Patient ID

Accession #

www.ncrg.com.au

ncrg.com.au/dental

Results (InteleConnect)