



Dental Imaging Request/Referral

Patient Details

Name DOB / / Time of appointment

Address Date

Medicare No. Telephone Clinic

Dental imaging

- ☐ OPG
- ☐ CEPH
- ☐ LAT ☐ PA
- ☐ Routine TMJ

Diagnostic Request Diagnostic Services Requested

Referral Details Reason for Referral and Clinical History

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

- ☐ Impacted wisdom teeth ☐ Crowded teeth
- ☐ Canines ☐ TMJ dysfunction

Referring Doctor's Details

Signature Date

Copy to

Thank you for referring your patient to Epworth Medical Imaging

Internal use only

Pregnant	Y	N
Front office check	<input type="checkbox"/>	<input type="checkbox"/>
Patient identification verified	<input type="checkbox"/>	
Procedure and consent verified	<input type="checkbox"/>	
Correct side and site verified	<input type="checkbox"/>	
Examination justified?	<input type="checkbox"/>	
Correct patient data & side markers	<input type="checkbox"/>	
Tech name/position:	

For more information about your examination please visit epworthmedicalimaging.com.au

Your doctor has recommended you use Epworth Medical Imaging.

You may choose another provider but please discuss this with your doctor first.

Epworth Richmond



Level 2, 89 Bridge Road, Richmond

Phone 03 9297 8000

Fax 03 9297 8022

richmond@epworthmedicalimaging.com.au

Monday to Friday 7am to 7pm

Saturday 7:30am to 4:00pm

Sunday 8:30am to 1:00pm

Epworth Geelong



1 Epworth Place, Waurn Ponds

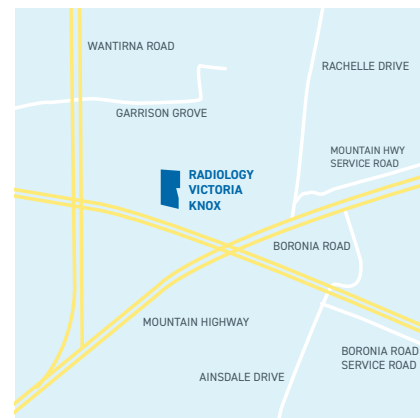
Phone 03 5279 8500

Fax 03 5279 8522

geelong@epworthmedicalimaging.com.au

Monday to Friday 8:30am to 5:30pm

Radiology Victoria Knox



675 Boronia Road, Wantirna

Phone 03 5279 8300

Fax 03 5279 8320

knox@radiologyvictoria.com.au

Monday to Friday 8:00am to 6:00pm