

IMAGING REQUEST - DENTAL



Metro Radiology

Suite G7-12 Highpoint
240 Waterworks Road
ASHGROVE QLD 4060

1300 1 METRO

www.metroradiology.com.au

Patient name:..... DOB:...../...../.....

Address:.....

Suburb:..... Postcode:.....

Home phone:..... Mobile:.....

Radiologists: Dr Benjamin Ong | Dr Stanley Ngai | Dr Chris Yu

Dental Radiologist: Dr Raahib Dudhia

EXAMINATION REQUIRED (please tick):

- | | | | | |
|--|--|---|-----------------------------|---------------------------------|
| <input type="checkbox"/> OPG | <input type="checkbox"/> Lateral Cephalogram | <input type="checkbox"/> Frontal (PA) Cephalogram | | |
| <input type="checkbox"/> TMJ x-rays | <input type="checkbox"/> Hand-wrist for Bone Age | | | |
| <input type="checkbox"/> Mandible x-rays | <input type="checkbox"/> Lat | <input type="checkbox"/> Oblique | <input type="checkbox"/> AP | <input type="checkbox"/> Townes |
| <input type="checkbox"/> Sinus x-rays | | | | |
| <input type="checkbox"/> CT Dentascan
(low dose) | <input type="checkbox"/> CT Third Molars
(low dose) | <input type="checkbox"/> CT | | |
| <input type="checkbox"/> Others (Please specify):..... | | | | |

M.I.C.

(Medicare
Indicated
Criteria)

CLINICAL DETAILS:

clinical details are required to ensure Medicare eligibility

Referred by:..... Date:...../...../.....

Copy to:.....

Signature:..... Provider number:.....

Report: with patient fax

Technologist use only

- Patient identification verified
- Procedure / consent verified
- Site / side verified
- Patient data /side markers

Technologist initials:.....

Your doctor has recommended that you use Metro Radiology.
You may choose another provider but please discuss this with your doctor.

1300 1 METRO = 1300 163 876

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EXAMINATION

- Computed Tomography (CT)
- General X-ray
- General Ultrasound
- Vascular Ultrasound
- Obstetric and Breast Ultrasound
- Cardiac Calcium Scoring
- CT Coronary Angiogram
- Nuclear Medicine
 - Bone Scan
 - Myocardial Perfusion
 - Others
- Interventional Radiology
- Bone Mineral Densitometry
- Dental Imaging

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Fax: 07 3366 4839
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OPENING HOURS

Monday-Friday
 8.30am - 5.00pm
Saturday
 8.30am - 1.00pm

PATIENT PREPARATION

Check when booking your appointment as some examinations need special preparations.