



DENTAL REQUEST

- Busselton Health Campus**, P: (08) 9751 6800
- Margaret River Hospital**, P: (08) 9757 0406 | (08) 9751 6806
- O'Connor**, P: (08) 6374 5300
- Peel Health Campus**, P: (08) 9584 6700
- Peel Specialist Centre**, P: (08) 9583 5484
- South West Health Campus**, P: (08) 9726 6999

Bookings: 1300 209 975 | **E:** bookings@apexrad.com.au

Patient Details

Name:

Address:

DOB: / / Contact no:

Medicare: Exp Date: /

Please Tick:

- Vet Affairs
- Worker's Compensation
- HCC / Pension
- MVIT
- Medicare

If this examination is **MEDICALLY URGENT** please tick and sign here

REFERRING DOCTOR ONLY

EXAMINATION REQUIRED (tick box):

OPG - for diagnostic/ management:

- (CHILD) crowded teeth or development abnormalities 57966
- General overview, impacted teeth, periodontal 57963
- Trauma, infection, tumour, congenital or surgical conditions 57960
- Lateral Cephalometry 57902
- PA Cephalometry 57902
- TMJ - temporomandibular joint arthrosis or dysfunction 57927

ADDITIONAL NOTES:

Provider No:

Date:

Copies of reports to: 1.....

Signature:

2.....

Print Name:

PAYMENT IS REQUIRED AT TIME OF CONSULTATION

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