

titanium dental imaging

Suite 5, 11 Brookhollow Ave, Baulkham Hills NSW 2153 For Appointments Call: (02) 8850 1833

PLEASE **MAKE APPOINTMENT TO AVOID WAITING >>>** Date _____ Time _____

Title _____ Name _____
First/Given Middle Last/Family

DOB _____ Medicare No. _____ Exp _____ M / F
DD/MM/YY MM/YYYY

Address _____

Suburb _____ P/code _____ NOK _____

Phone (M) _____ (H) _____ (B) _____

EXAMINATION (please tick)

OPG LAT CEPH PA CEPH FACIAL BONES BONE AGE Study

CBCT OTHER _____

AREA(S) OF INTEREST (please tick)

MAXILLA MANDIBLE SINUSES

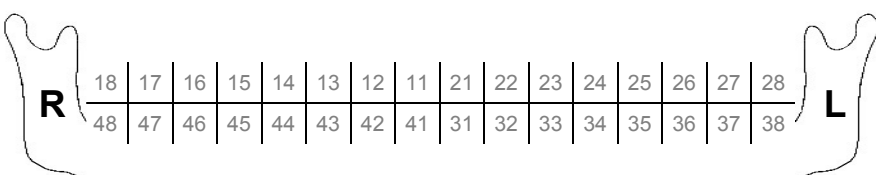
TMJs AIRWAYS EXTENDED FOV (ORTHO)

OTHER _____

CLINICAL NOTES (please tick appropriate & circle tooth number, write details if necessary)

IMPLANT SITE(S) IMPACTED TEETH TMD OMF SURGERY

TRAUMA _____ OTHER _____



REFERRER DETAILS

Dr. _____ Ph _____

Email _____ Fx _____

Date _____ Signature _____ Prov # _____
(-----Required by law-----)

CONVEYANCE

Required Data

Mail before _____

E-Mail (opg/ceph)

With Patient

Radiologist's Report

Fax (please provide details on left)

Email

Patient Preparation

- Appointment made
- Medicare Card
- Referral (this form is ok)
- Special Denture/Guide given by dentist, if any.
- Removal of all jewellery and piercings from head and neck region, also including hair ties and clips.

http://qrs.ly/27r113

WE ARE HERE (Ground Floor)

Legend

- Post Office
- P Free Parking
- ↑ Driveway Entry
- Bus Stop
- Underpass
- Cafe & Restaurant

Directions

- From Old Windsor Rd, straight through 3 roundabouts, at 4th roundabout turn right into Brookhollow Ave.
- From Windsor Rd, 1st roundabout turn left into Brookhollow Ave.
- ◇ Driveway Entry is opposite the exit of the Post Office.
- ◇ Drive all the way in to park closer to main entrance. (see map)
- ◇ Main entrance is on level 2 near cafe. **Take stairs or lift to level 1.**

Suite 5, Level 1, Hills Corporate Centre, 11 Brookhollow Ave
 Norwest Business Park, BAULKHAM HILLS NSW 2153

Ph: 8850 1833 MON-FRI 9AM-5PM
 E: hello@tdix.com.au SAT-SUN **CLOSED**

Mailing address:
 Titanium Dental Imaging
 PO Box 7718
 Baulkham Hills NSW 2153

Office Use Only:

Details verified verbal request form other ID _____

Informed Consent Y / N _____ Reason(s) _____

Proceduralist _____ Date ____/____/____ Time _____
Radiographer's Initials dd mm yy

Pregnancy Check

N / Y >> LMP _____ wks

	UC	C1	C2
^			
v			