DENTAL IMAGING REQUEST

Shire Women's Imaging

SHIRE MEDICAL IMAGING

PATIENT DETAILS

Name* DOB*

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ Third Party

EXAMINATION REQUESTED

- ☐ OPG
- ☐ Lat Ceph
- ☐ TMJ
- ☐ Sinuses
- ☐ Bone Age
- ☐ Other

AREA TO BE EXAMINED

Upper Jaw

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent Pregnant: ☐ YES ☐ NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Speciality*

Address* Provider Number*

Contact Number* Fax Number:

*Must be completed

Signature* Date*

All reports and images are available electronically. Please tick below for your additional requests. ☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

SHIRE MEDICAL IMAGING

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PATIENT PREPARATION

- [ ] **X-RAY/OPG:** No appointment or preparation required.
- [ ] **CT:** You will receive instructions before your appointment.
- [ ] **ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- [ ] **ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- [ ] **MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
- [ ] **MRI:** As advised by booking clerk.

Appointment Date: **Appointment Time:**

Preparation Notes:

Scan to request an appointment online

	X-Ray	Ultrasound	Bone Density Study (BMD)	Mammography	Dental/OPG	CT	MRI	CT Calcium Scoring & Cardiac Angiography	Interventional Radiology & Pain Management	Euflexxa Injections
Shire Medical Imaging	■	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■		■	■	■	■	■	■	■
Oran Park Radiology	■	■	■	■	■	■	■	■	■	■

Your doctor has recommended you use ***Shire Medical Imaging.***

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

SHIRE MEDICAL IMAGING

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Email: info@shiremedicalimaging.com.au
www.shiremedicalimaging.com.au

SHIRE WOMEN'S IMAGING

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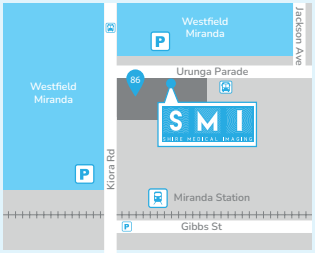

Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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Bankstown NSW 2200
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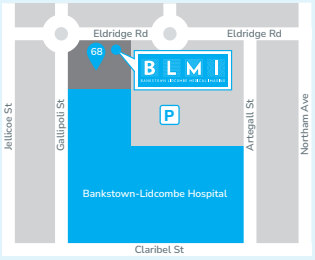

ORAN PARK RADIOLOGY

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