

DENTAL IMAGING REQUEST

ETAILS	Name* DOB* Address*										
PATIENT DETAILS	Contact Number* Medicare Number	☐ Workers Comp ☐ Third Party									
EXAMINATION REQUESTED	OPG Lat Ceph TMJ Sinuses Bone Age Other	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:										
ILS	Name*	Speciality*									
REFERRER DETAILS	Address*	Provider Number*									
RRER	Contact Number*	Fax Number:									
REFE	*Must be completed										
	Signature*	Date*									
	rts and images are available electronica tick below for your additional requests.	ly (via InteleRad and/or downloads). Referral Pads Required									
REPOF	RTS Urgent Results Fax [ownload Phone Film Copy reports to:									



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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. **Appointment Date:** Appointment Time: **Preparation Notes:**

SERVICES												
	Xray	Ultrasound	Echocardiography	Bone Density Study (BMD)	Mammography	Dental / OPG	СТ	CT Calcium Scoring	Interventional Radiology & Pain Management			
Chapel Hill	•	•	•	•		•	•	•	•			
Inala	•	0	0			0	•		0			
Oxley	0	0	0			0	0		0			
Underwood	0	0	0	•	0	0	0		•			

LOCATIONS

CHAPEL HILL:

636 Moggill Rd, Chapel Hill

Tel: 07 3115 9155

Fax: 07 3112 6164

Email: chapelhill@radiologyqldgroup.com.au

INALA:

147 Inala Ave, Inala
Tel: 07 3372 1939
Fax: 07 3372 9562

Email: inala@radiologyqldgroup.com.au

OXLEY:

Canossa Private Hospital,

169 Seventeen Mile Rocks Rd, Oxley

Tel: 07 3375 9522 Fax: 07 3375 9344

Email: oxley@radiologygldgroup.com.au

UNDERWOOD:

183 Kingston Rd, Underwood

Tel: 07 3219 8877 Fax: 07 3219 8811

Email: underwood@radiologyqldgroup.com.au



Scan to request an appointment

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