Crystal Dental Imaging

Dental Referral

Verified

☐ Last Name : _____ First Name : _____

☐ Address : _____

☐ D.O.B : _____ Sex M ☐ F ☐ Pregnant Yes ☐ No ☐

Phone : _____ Medicare No.: _____ IRN: _____

Patient Consent

_____

Please Sign Here

3D Cone Beam

☐ **IMPLANT SURVEY**

Indication 1 : To assess the bone quantity and quality as part of preoperative dental implant planning and in the post-implant management of suspected complications in patients with missing teeth

☐ **IAN SURVEY**

Indication 2 : To assess structures identified clinically or on 2D radiographs as being in close approximation to planned dento-alveolar surgical sites that may be at risk of damage during surgery

☐ **OTHERS**

Indication 3 : To further assess the dentition and associated dento-alveolar and TMJ pathology that may not have been adequately assessed using 2D radiographic techniques

2D Dental Imaging

☐ **OPG**

☐ **LAT CEPH**

Regions (Please Circle)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Referrer Details

Date : _____

Referring Dr : _____

Signature : _____ Prov. No : _____

Address : _____

Image Delivery

☐ **Email** _____

☐ **Hard Copy**

☐ **DVD with Romexis Viewer**

☐ **DICOM Format**

For Office Use

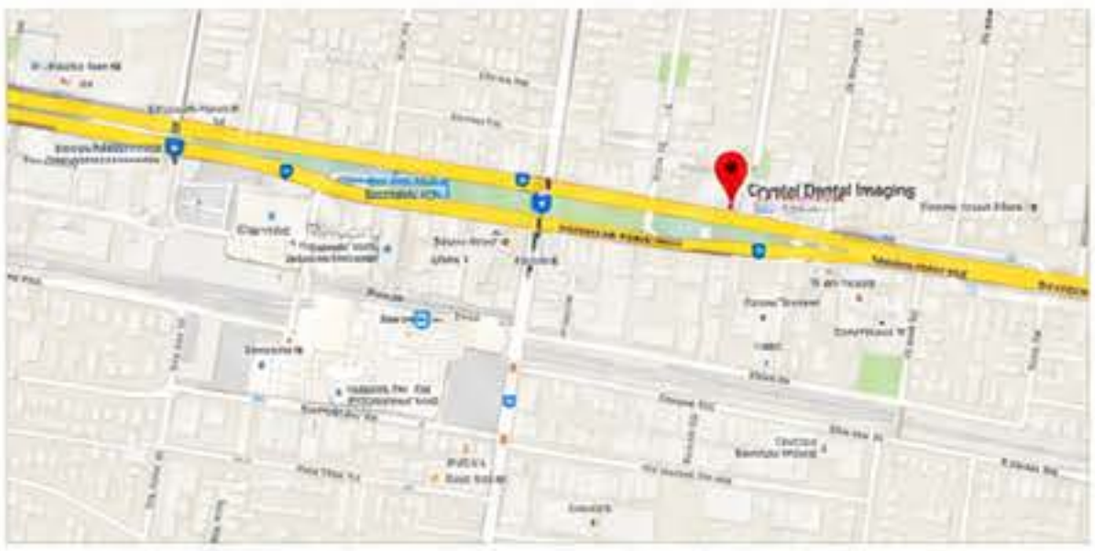
☐ **Private**

☐ **Medicare**

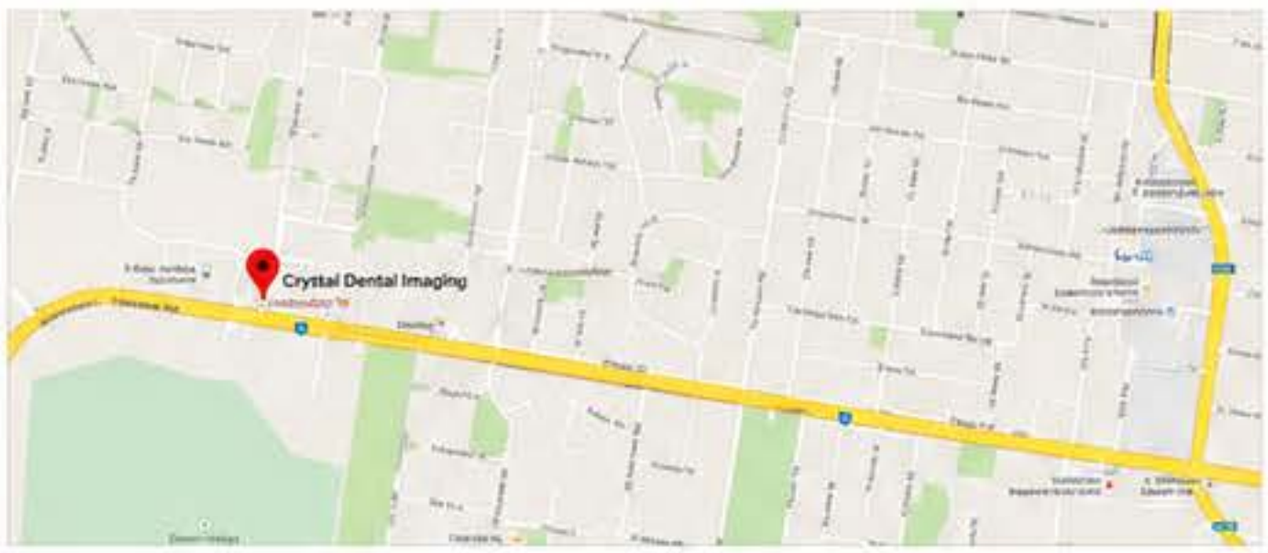
☐ **Health Fund**

Crystal Dental Imaging

Dental Referral



1029 Whitehorse Road, Box Hill VIC 3128



1 Scarborough Avenue, Cranbourne West VIC 3977

CRYSTAL DENTAL IMAGING BRANCHES AND FACILITIES

Branch	Address	Phone	Fax	OPG	L/CEPH	3D
Box Hill	1029 Whitehorse Road	9897 1569	9899 7278	✓	✓	✓
Cranbourne West	1 Scarborough Avenue	5995 3819	5998 4249	✓	✓	✓

Opening Hours:

BOX HILL | Mon to Fri: 9am - 6pm | Sat: 9am - 1pm | Sun: CLOSED

CRANBOURNE | Mon to Fri: 9am - 6pm | Sat: 9am - 1pm | Sun: CLOSED

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