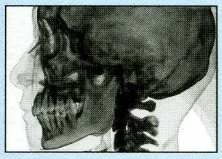
COLLINS STREET RADIOLOGY
i-CAT CONED BEAM IMAGING



Patients Name .....

Address .....

.....

D.O.B .....

Phone Number .....

Appointment .....

Collins Street Radiology

Dr .....

Provider No .....

Date .....

Signature .....

Level 6, 15 Collins Street
Melbourne 3000
Ph 9639 5420 9639 3409
Fax 9654 5893

ABN: 46 114 853 922

TMJ Right 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 TMJ Left

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

PLEASE CIRCLE AREA OF INTEREST

- ☐ Temporo-Mandibular Joints
- ☐ Implant(s)
- ☐ Scan for Wisdom Teeth Extraction
- ☐ Pathology and Bone Lesions
- ☐ Impaction/Supernumerary/Ectopic Teeth
- ☐ Dicomm 3 Files
- ☐ Include i-CAT Vision CD
- ☐ OPG - Conventional
- ☐ OPG - i-CAT
- ☐ Orthodontic Imaging

Clinical Notes/Instructions .....

.....

.....

.....

.....

IMAGES

☐ With Patient ☐ Prior to Next Consultation