



Patients Name

Address

D.O.B.

Phone

Level 6, 15 Collins Street
 Melbourne 3000
 Ph 9639 5420 9639 3409
 Fax 9654 5893
 ABN: 46 114 853 922

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

PLEASE CIRCLE AREA OF INTEREST

DR.
 PROVIDER NO.
 DATE
 SIGNATURE

O.P.G

- STANDARD CONED CHILD FILM
- SEGMENTS LEFT RIGHT
- UPPER LOWER

INTRA-ORALS

- PERIAPICALS
- FULL MOUTH SURVEY
- BITEWINGS
- WITH OPG

CEPHALOMETRY AND SKULL

- LATERAL SMV
- PA BONE AGE
- CERVICAL SPINE SINUS IMAGING
- O.M MANDIBLE

TMJ

- FUNCTIONAL
- I-CAT CT SCAN

3D IMAGING

- IMPLANT IMAGING WISDOM TEETH
- I-CAT CT SCAN IAN LOCATION

FILM RETURN

- TO RETURN UNREPORTED WITH PATIENT
- FILM AND REPORT PRIOR TO NEXT APPT

CLINICAL NOTES