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CBCT and OPG Request

Patient Information

First Name: Surname: DOB:

Address: Suburb: Gender: F M

State: Postcode: Contact: Are you pregnant? Y N

Referring Doctor to complete

Doctors Name: Contact #:

Practice: Email:

Provider #:

Area of interest

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

OPG

Wisdom teeth

Cone Beam CT

Wisdom teeth

Dental implants

Endodontics

Delivery of Report and Image/s (Tick the appropriate)

Email Report

Email Scan

Scan on disk

Deliver with patient

Dr Signature

Date