

# DENTAL IMAGING REQUEST

Dr Tinku Kooner • Dr Mansoor Parker • Dr Pon Ketheswaran • Dr Kenneth Cooke  
Dr David Chadban • Dr Bit Wong • Dr Prasad Kundum • Dr Sandeep Tiwari  
Dr Georges Hazan • Dr Cathy Nicholas • Dr Tom Sing • Dr Frankie Wong  
Dr Farhana Younis • Dr Kuan-Ching Ho • Dr Heba Abdelrahman • Dr Saima Khokhar  
Dr Jonathan Tow • Dr Ragu Yogaratnam • Dr Hans Van der Wall



# QUANTUM RADIOLOGY

Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

	MAXILLA								Region of Interest (please indicate)										
R	8	7	6	5	4	3	2	1	1	2	1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1	4	3	1	2	3	4	5	6	7	8	
	MANDIBLE																		

## SERVICE REQUESTED

### STANDARD DENTAL X-RAYS

- OPG
- LAT CEPH
- TMJ'S
- PA CEPH
- MANDIBLE

- CT SINUSES (Medicare restrictions apply)
- CT MANDIBLE (Medicare restrictions apply)
- CONE BEAM CT (Medicare restrictions apply)

## CLINICAL NOTES / INSTRUCTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> IMPACTED TEETH       | <input type="checkbox"/> EXAMINE DENTITION     |
| <input type="checkbox"/> 3RD MOLARS           | <input type="checkbox"/> IMPLANT PLACEMENT     |
| <input type="checkbox"/> ORTHODONTIC PLANNING | <input type="checkbox"/> MAXILLOFACIAL SURGERY |
| <input type="checkbox"/> MANDIBLE             | <input type="checkbox"/> TRAUMA                |
| <input type="checkbox"/> OTHER _____          |  |

- Urgent     More Request Pads     Films     Disc

## REFERRER DETAILS

**Bulk Billing**

For Medicare Eligible Items

Name: _____		Specialty: _____
Address: _____		
Phone: _____	Fax: _____	Provider No: _____
Signature: _____		Date: _____

## EXPERIENCE INNOVATION

QUANTDENDIG009 - 08/21

Preparation: \_\_\_\_\_

Appointment Time..... DATE ...../...../.....

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

**Please bring all previous X-Rays to examination**

		CONE BEAM CT	OPG	LAT CEPH	LOW DOSE MULTI SLICE CT
<b>BANKSTOWN</b>	Ground Floor, 258 South Terrace, Bankstown NSW 2200 T: 02 8760 9100 F: 02 8760 9101 Monday to Friday 8.00am - 5.00pm Saturday 8:30am - 12:30pm	•	•	•	•
<b>BLAXLAND</b>	Lower Ground Floor, 134B Great Western Hwy, Blaxland NSW 2774 T: 02 4702 3655 F: 02 4702 3665 Monday to Thursday 9.30am - 5.00pm		•	•	•
<b>CHESTER HILL</b>	Shops 24-27, Chester Square Shopping Centre, 1 Leicester Street, Chester Hill NSW 2162 T: 02 8713 1855 F: 02 8713 1856 Monday to Friday 8.00am - 5.00pm		•	•	•
<b>ERINA</b>	18A Fountain Plaza 148-158 Central Coast Hwy Erina NSW 2250 T: 02 4363 9300 F: 02 4367 7288 Monday - Friday 8:00am - 5:00pm		•	•	•
<b>HENRY STREET</b>	Unit 4 A1 Henry Lawson Centre, 61-79 Henry Street, Penrith NSW 2750 T: 02 4702 3644 F: 02 4702 3632 Monday to Friday 8.00am - 5.00pm Saturday 9:00am - 1:00pm	•	•	•	•
<b>LEICHHARDT</b>	Suite 2, Ground Floor 92-94 Norton Street Leichhardt NSW 2040 T: 02 9569 7223 F: 02 9569 8079 Monday to Friday 8.30am - 5.00pm		•	•	•
<b>MT DRUITT</b>	Shop 37- 40, Mount Druitt Central 10 Zoe Place, Mount Druitt NSW 2770 T: 02 9854 0100 F: 02 9854 0101 Monday – Friday 8:00 am – 5:00 pm Saturday 8:30 am – 12:30 pm		•	•	•
<b>OMH</b>	Located at OUR MEDICAL HOME PENRITH 2227 Wolsley Street, Jamisontown NSW 2750 Phone: 02 4702 3633 Fax: 02 4702 3634 Monday to Friday 8.00am - 5.00pm		•		•
<b>PENRITH</b>	3/199 High Street, Penrith NSW 2750 T: 02 4722 4700 F: 02 4722 4708 Monday to Friday 8.00am - 5.00pm Saturday 8:30am - 12:30pm	•	•	•	•
<b>SPRINGWOOD</b>	310 Macquarie Road, Springwood NSW 2777 T: 02 4702 3661 F: 02 4702 3662 Monday to Friday 8.00am - 5.00pm		•	•	•
<b>ST MARYS</b>	50 Chapel Street, St Marys NSW 2760 T: 02 9623 2550 F: 02 9623 2140 Monday to Friday 8.00am - 5.00pm		•	•	•