Australian Radiology Clinics
Administration
133 Frost Road, Salisbury South, SA 5106
Tel (08) 8256 9000 **Fax** (08) 8256 9072

AUSTRALIAN RADIOLOGY CLINICS
INNOVATIVE QUALITY SERVICE

Email info@radiologyclinics.com.au
Website www.radiologyclinics.com.au

Your doctor has recommended you use Australian Radiology Clinics, you may choose another provider but please discuss this with your doctor first.

Dental Radiology Request Form

Patient's Name _____ **Date of Birth** _____

Patient's Address _____

Clinical Details

Examination Requested (please tick)

- ☐ OPG
- ☐ TMJ
- ☐ Lateral Cephalogram
- ☐ Hand/Wrist Bone Age
- ☐ Other _____

Doctor's Name, Address and Provider Number

Location

☐ **Hawthorn Centre**
80 Belair Road
Hawthorn, SA 5062
8.30am – 5.00pm, Mon – Fri
Tel (08) 8408 0000
Fax (08) 8408 0097

☐ **Brighton Centre**
394 Brighton Road
Hove, SA 5048
8.30am – 5.00pm, Mon – Fri
Tel (08) 8296 7288
Fax (08) 8296 7244

☐ **Salisbury Centre**
133 Frost Road
Salisbury South, SA 5106
8.30am – 5.00pm, Mon – Fri
Tel (08) 8256 9000
Fax (08) 8256 9072

Doctor's Signature _____ **Date** ___ / ___ / ___

Appointment Details

Day Date / / Time am / pm

Please bring this request form, your Medicare card and any relevant previous X-rays with you.

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