

# Australian Radiology Clinics

## Administration

133 Frost Road, Salisbury South, SA 5106

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Email [info@radiologyclinics.com.au](mailto:info@radiologyclinics.com.au)

Website [www.radiologyclinics.com.au](http://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)
<input type="checkbox"/> OPG <input type="checkbox"/> TMJ <input type="checkbox"/> Lateral Cephalogram <input type="checkbox"/> Hand/Wrist Bone Age <input type="checkbox"/> Other _____	
Doctor's Name, Address and Provider Number	Location

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

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

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Appointment Details

Day \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_ am / pm