BOLSOVER RADIOLOGY

DENTAL IMAGING REQUEST

PATIENT DETAILS

Name* **DOB***

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ Third Party

EXAMINATION REQUESTED

- ☐ OPG
- ☐ Lat Ceph
- ☐ TMJ
- ☐ Sinuses
- ☐ Bone Age
- ☐ Cone Beam CT
- ☐ Other

AREA TO BE EXAMINED

Upper Jaw

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent Pregnant: ☐ YES ☐ NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* **Speciality***

Address* **Provider Number***

Contact Number* **Fax Number:**

*Must be completed

Signature* **Date***

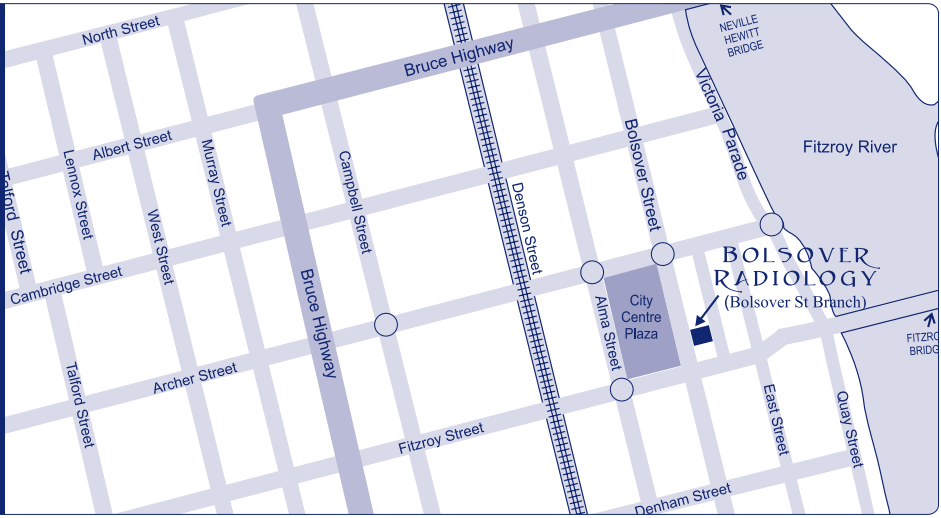
All reports and images are available electronically. Please tick below for your additional requests. ☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

BOLSOVER RADIOLOGY

DENTAL IMAGING REQUEST

WHERE TO FIND US



CONTACT DETAILS

129 Bolsover Street
PO Box 920
Rockhampton, QLD 4700

(07) 4930 7500

(07) 4930 7522

bookings@bolrad.com.au

Monday to Friday
8.00am - 5.00pm
Closed weekends
and public holidays

ABN 18 658 115 532

OTHER SERVICES

- **General X-Ray**
- **OPG / Dental**
- **CT (low dose)**
- **Ultrasound**
  - General
  - Obstetrics / Gynaecology
  - Musculoskeletal
  - Vascular
  - Doppler
- **Echocardiography**
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **Bone Mineral Density**

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

Members of Carlisle health

PLEASE BRING ANY PREVIOUS IMAGES AND REPORTS

www.bolrad.com.au • bookings@bolrad.com.au • (07) 4930 7500