



**Note: CBCT Scans under Medicare must be referred by Specialist Dentist
 CBCT Scans under Health Fund may be referred by General Dentist**

Patient Information

First Name: Surname: DOB / /

Address Suburb Gender F M

State Postcode Contact # Are you pregnant? Y N

E-mail

Next appointment with practitioner / / (or date by which films are required)

Office use only ID:

Entered by: on: / /

Health Fund:
 You acknowledge your consent for this procedure by supplying your Health Fund card details.
 Verbal consent given by the patient,

Office use only
 Developed by: on / /
 Verified and Posted by: on / /

Referring Doctor to Complete

Doctors Name	<input type="text"/>	Speciality	<input type="text"/>
Practice		Provider No.	
Address		Telephone No.	
Suburb / PC		Email	

Note that Medicare legislation only permits imaging and reporting of areas directly indicated

Clinical Indication: Please Specify

Implants
 Impactions
 Endo
 Perio
 Orthodontic

Cephalometric Tracing 081 (at additional cost to patient)
 Please specify type:

Guide Included Yes
 Teeth slightly separated (Biting on cotton rolls or gauze)

No

CBCT Scan Acquisition 026 (Non Specialist Referrer Only)

Views Required: (Item codes relate to Health Fund Holders only)

Maxillary Cross Section - Extraoral radiograph - 031
 Mandibular Cross Section - Extraoral radiograph - 031

Panoramic Radiograph 037
 Airways - Base of Tongue
 Sinus
 Palatopharyngeal Study (Adenoids)

TMJ 035
 Clenched 035
 Open 035
 Protusion 035
 At Rest 035

Lat. Ceph 036
 AP Ceph 036
 PA Ceph 036
 Occlusal View - SMV radiograph of the skull 033

Other:

Area of Interest

<input type="radio"/> 18	<input type="radio"/> 17	<input type="radio"/> 16	<input type="radio"/> 15	<input type="radio"/> 14	<input type="radio"/> 13	<input type="radio"/> 12	<input type="radio"/> 11	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 48	<input type="radio"/> 47	<input type="radio"/> 46	<input type="radio"/> 45	<input type="radio"/> 44	<input type="radio"/> 43	<input type="radio"/> 42	<input type="radio"/> 41	<input type="radio"/> 31	<input type="radio"/> 32	<input type="radio"/> 33	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36	<input type="radio"/> 37	<input type="radio"/> 38

Report Format Hard Copy

CBLink Website ONLY

Do you require DICOM N Y

Nobel Guide N Y

Simplant N Y

Scan Authorisation

Dr Signature

Date / /

I confirm that the patient has been assessed as suitable to undergo the prescribed scan.
 This form confirms that patient agrees to Canada Bay Medical Imaging Pty Ltd providing diagnostic images.

This referral is valid for 12 months: Your doctor has recommended that you use Canada Bay Medical Imaging Pty Ltd.
 You may choose another provider but please discuss this with your doctor first.



Current Sites Available

Practice Location	Address	Opening Hours	Bookings Contact
Canada Bay	Canada Bay - Head Office 69 Great North Rd. Five Dock NSW 2046 (Entry: 69 Thompson Ln - Behind)	8:30AM – 5:30PM (Mon-Fri) (After hours by appointment only)	02 9713 0070
Sydney – CBD	Canada Bay Sydney City Suite 601, Level 6, 60 Park Street Sydney CBD NSW 2000	8:30AM – 5:30PM (Mon-Fri) (After hours by appointment only)	02 9713 0070
Darlinghurst	Sydney ENT Clinic 67 Burton Street Darlinghurst NSW 2010	(Mon-Fri) (By Appointment only)	02 9713 0070

Enquire about our services by emailing reception@canadabaycentre.com.au or call
Dr Celso Nishiguchi or Vivien Munoz-Ferrada on 02 9713 0070