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Patient name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

WorkCover claim number: \_\_\_\_\_

### EXAMINATION REQUESTED

#### BASIC IMAGING

OPG  TMJs  Maxillary Sinuses

#### CEPHALOMETRY

Lateral  PA

#### MANDIBLE

Lateral  Townes  Obliques  PA

#### WATERS PROJECTION FOR IMPACTED CANINES

Open mouth  Closed mouth

#### CT CONE BEAM

Upper Dentition  Lower Dentition  Entire Dentition  Small FOV (5x5)  
 CBCT TMJ's  CBCT TMJ's  CBCT TMJ's  Sure Smile  
(open) (closed) (open & closed) Protocol

#### CT Dentascan

Upper Dentition  Lower Dentition  Entire Dentition

#### MRI TMJ's

MRI TMJ's

### CLINICAL DETAILS

Exclude  Investigate  Monitor  Confirm

### REFERRING PRACTITIONER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Provider number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send copy to: \_\_\_\_\_

## Dental Referral



Dr Eric Sclavos 1973-2016

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Dr David Leggett  
Dr Mark Hansen  
Dr Stephen Drew  
Dr David Simpson  
Dr Adrian Khoo  
Dr Mark Burgin  
Dr James FitzGerald  
Dr Gary Shepherd  
Dr Thomas Hess  
Dr Laetitia de Villiers  
Dr Tanya Wood  
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Dr Cameron Napper  
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#### MORE REFERRAL PADS

- A4 (computerised)  
 A5 (manual)

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