CanadaBay Medical Imaging

CBCT RADIOLOGY REQUEST

ABN No: 53 151 541 203
dentist weblink: www.cblink.com.au
Phone: 1300 761 696
Fax : 02 9713 2844

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
Practice
Address
Suburb / PC

Speciality
Provider No.
Telephone No.
Email

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

Clinical Indication: *Please Specify*

◯ **Implants** ◯ **Impactions** ◯ **Endo** ◯ **Perio** ◯ **Orthodontic**

Guide Included ☐ **Yes** ☐ **No**
071

☐ **Teeth slightly separated** *(Biting on cotton rolls or gauze)*

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

◯ **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

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 Ltdproviding 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.

CanadaBay
Medical Imaging Pty Ltd

CBCT RADIOLOGY REQUEST
(Medicare Only - Specialist Dentist)

ABN No: 53 151 541 203
Dentist weblink: www.cblink.com.au
email: cbmc@canadabaycentre.com.au
Phone: 1300 761 696
Fax : 02 9713 2844

Note: CBCT Scans under Medicare must be referred by Specialist Dentist or Medical GP
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 wich films are required)

Office use only *ID:*
Entered by: *on:* / /

Medicare # _____ Position _____ Card Expiry /

You acknowledge your consent for this procedure by supplying your Medicare or 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 _____ Speciality _____
Practice _____ Provider No. _____
Address _____ Telephone No. _____
City/Suburb _____ Fax No. _____
Postcode _____ Email _____

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

Clinical Indication: *Please Specify*

◯ **Implants** ◯ **Impactions** ◯ **Endo** ◯ **Perio** ◯ **Orthodontic**

Guide Included ☐ **Yes** ☐ **No**

☐ **Teeth slightly separated** *(Biting on cotton rolls or gauze)*

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

☐ **CBCT** Computed Tomography 57362 ***(Medicare Only)***
(Specialist Referrer Only)

☐ **2D OPG only** 57963 availiable at Sydney City only

☐ **2D Lat Ceph only** 57902 availiable at Sydney City only

☐ **2D AP Ceph** 57902 availiable at Sydney City only

☐ **2D PA Ceph** 57902 availiable at Sydney City only

Views Required: ***Please select on the back of this referral***

Area of Interest

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

Report Format Hard Copy ◯ Vision ◯ 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.

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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