



Dentaview

DENTAL X-RAY

www.dentaview.com.au

Moonee Ponds

2 Walker Street
(enter via Alexandra Ave)

(03) 9370 2532

Richmond

335 Swan Street
(03) 8657 4344

LOCATIONS

PATIENT DETAILS:

Name: _____

DOB: / / Telephone: _____

Address: _____

Medicare No: _____

X-RAY:

- OPG TMJ
- LAT CEPH PA CEPH
- BONE AGE WRIST

CBCT:

- Upper Lower Sinus
- Specific Area (circle below)
- Endo Scan (circle tooth below)

CLINICAL NOTES:

For female patients, is there any chance the patient may be pregnant? Yes No
Patient Consent Yes

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

REFERRER DETAILS

Referring Dr: _____

Prov. No: _____

Address: _____

Signature: *X*

Date: / /

MOONEE PONDS **Dentaview** **RICHMOND**
DENTAL X-RAY

WE ARE HERE
2 Walker Street,
Enter from Alexandra Avenue

WE ARE HERE
335 Swan Street
TRAM Number 70 Stop 13

We accept all radiology referrals

*Your practitioner has recommended that you use Dentaview.
You may choose another provider but
please discuss this with your practitioner first.*

Practice Hours:
Monday to Friday: 8.30am – 5.00pm
Saturday: by appointment
Sunday: CLOSED