Hunter Oral & Maxillofacial Radiology

☐ **Dr Benjamin Gupta** OMS Specialist
Provider No: 535899HY / 270754NJ

☐ **Dr Grace Hennessy** Consultant Radiologist
Provider No: 480760JW

CBCT Scans under Medicare MUST be referred by Specialist Dentist or Medical Practitioner. CBCT Scans referred by General Dentists are not eligible for Medicare rebate. However, may be eligible for health fund rebate.

PATIENT DETAILS

First Name: _____ Surname: _____

DOB: _____ Gender: ☐ M ☐ F ☐ Other

Address: _____ Phone: _____

Email: _____ Medicare No: _____

Health Fund Name: _____ Membership No: _____

REFERRING DOCTOR TO COMPLETE

Doctors Name: _____ Specialty: _____

Practice Address: _____

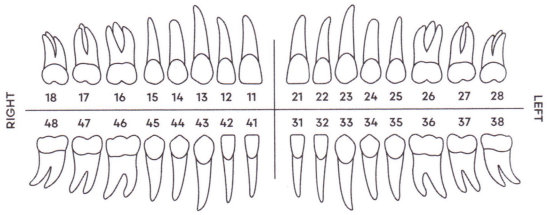
Provider No: _____ Phone: _____

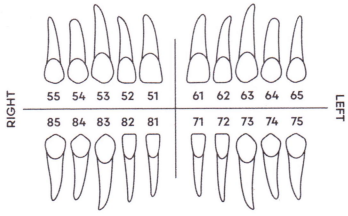
CLINICAL INDICATION (Please Specify)

☐ Implants ☐ Impactions ☐ Endo Dental Assessment

☐ Perio Dental Assessment ☐ Orthodontic Assessment ☐ Oral Pathology

☐ CBCT Scan (Acquisition)





VIEWS REQUIRED

☐ Maxillary cross section ☐ Mandibular cross section ☐ Panoramic/OPG

☐ TMJ ☐ Lat Ceph ☐ PA Ceph

☐ DICOM Required ☐ Other (Specify): _____

☐ Clenched ☐ Open ☐ At Rest

ADDITIONAL COMMENTS

_____

_____

_____

DOCTOR'S SIGNATURE

_____

Date: _____

Hunter Oral & Maxillofacial Radiology Suite 213, Level 2, 99 Pacific Highway, Charlestown NSW 2290
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CBCT RADIOLOGY REQUEST FORM
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