PATIENT	Patient Name DOB Address Phone			07 Please se	5436 0888 ee over for clinic locations tact information
EXAMINATION	☐ 57966 – Missing or☐ 57969 – Temporor	teeth / caries, periodon crowded teeth / develor mandibular joint arthros infection / tumours / cor Lower Dentition	es or dysfunction ngenital-surgical conditions Entire Dentition PLEASE TICK F X-Ray & Imaging	on FOR PRI g is comm	NTED FILMS nitted to sustainability. All ally only unless requested.
(A)	EXCLUDE	☐ INVESTIGATE	☐ MONITOR	(CONFIRM
CLINICAL DETAILS	R	EGION OF INTEREST:	18 17 16 15 14 13 12 1 48 47 46 45 44 43 42 4		
REFERRER	Referred By				OFFICE USE ONLY
	Contact Details Provider Number				3 Patient ID Check Procedure & Consent Site & Side Pregnancy Excluded Returning to Dr today
	Signature		Date		



For appointments call **07 5436 0888** or visit **www.xrayimaging.com.au** Email referrals to **bookings@xrayimaging.com.au**

			ephalo	Der	È
LOCATION	ADDRESS	OPG	Ö	\Box	$\frac{\mathbb{Z}}{\mathbb{Z}}$
Beerwah	72 Simpson St, Beerwah QLD 4519	✓		√	
Caloundra	67 Bowman Rd, Caloundra QLD 455 I	✓	√	√	√
Coolum	5 Birtwill St, Coolum Beach QLD 4573	✓	√	√	
Cooroy	46 Maple St, Cooroy QLD 4563	✓	√	√	
Kawana	3/7 Nicklin Way, Minyama QLD 4575	✓	√	√	
Maroochydore	49 Baden Powell St, Maroochydore QLD 4558	✓	√	√	√