VDIG
VICTORIAN DENTAL IMAGING GROUP

REQUEST FORM

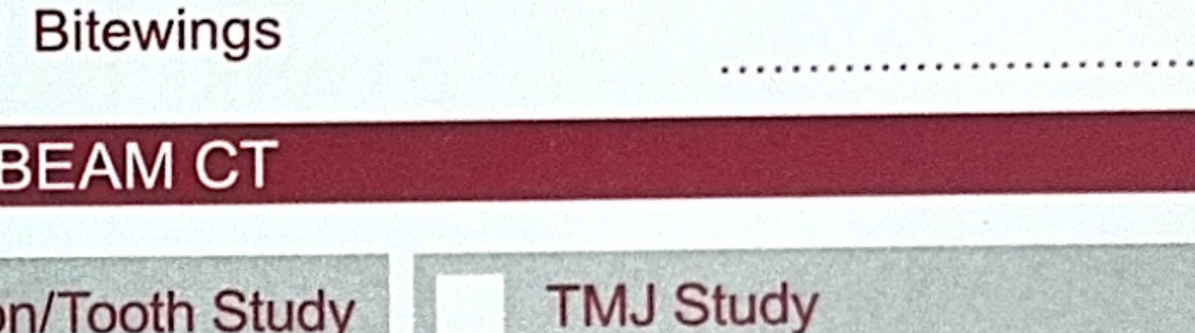
Name: ..... Sex: .....

Address: ..... D.O.B. .....

Clinical Notes

Consent: ☐ Yes ☐ No

Area of Interest (please circle)



EXAMINATION

☐ OPG ☐ Lateral Ceph ☐ Periapical/s (circle above) ☐ Ant Max Occlusal

☐ Func TMJ views ☐ PA Ceph ☐ Full Mouth Survey ☐ Other Occlusal

☐ Bone Age ☐ Bitewings .....

CONE BEAM CT

Standard

☐ Implant Site (circle site(s) above) ☐ Impaction/Tooth Study ☐ TMJ Study

CEPHALOMETRIC ANALYSIS

☐ Ricketts ☐ Jaraback ☐ Downs ☐ McNamara ☐ Soft Tissue ☐ Steiner

☐ Other .....

DIGITAL PHOTOGRAPHY

☐ Standard series

INTRA - ORAL SCAN

☐ Intra-Oral scan (TRIOS)

REQUESTING PRACTITIONER / DELIVERY

JACLYN WONG

Dr. ..... Signature: .....

Melbourne Oral Surgery & Facial Rejuvenation **588407HW**

U3 1601 Malvern Road

Provider No. Glen Iris 3146 Date: .....

☐ Raw Dicom Data Only ☐ Email/Dropbox Next appointment:

☐ Dicom with VDIG Viewer ☐ Hard Copy Delivered .....

BY APPOINTMENT ONLY **Call 9523 1025**

VDIG
VICTORIAN DENTAL IMAGING GROUP

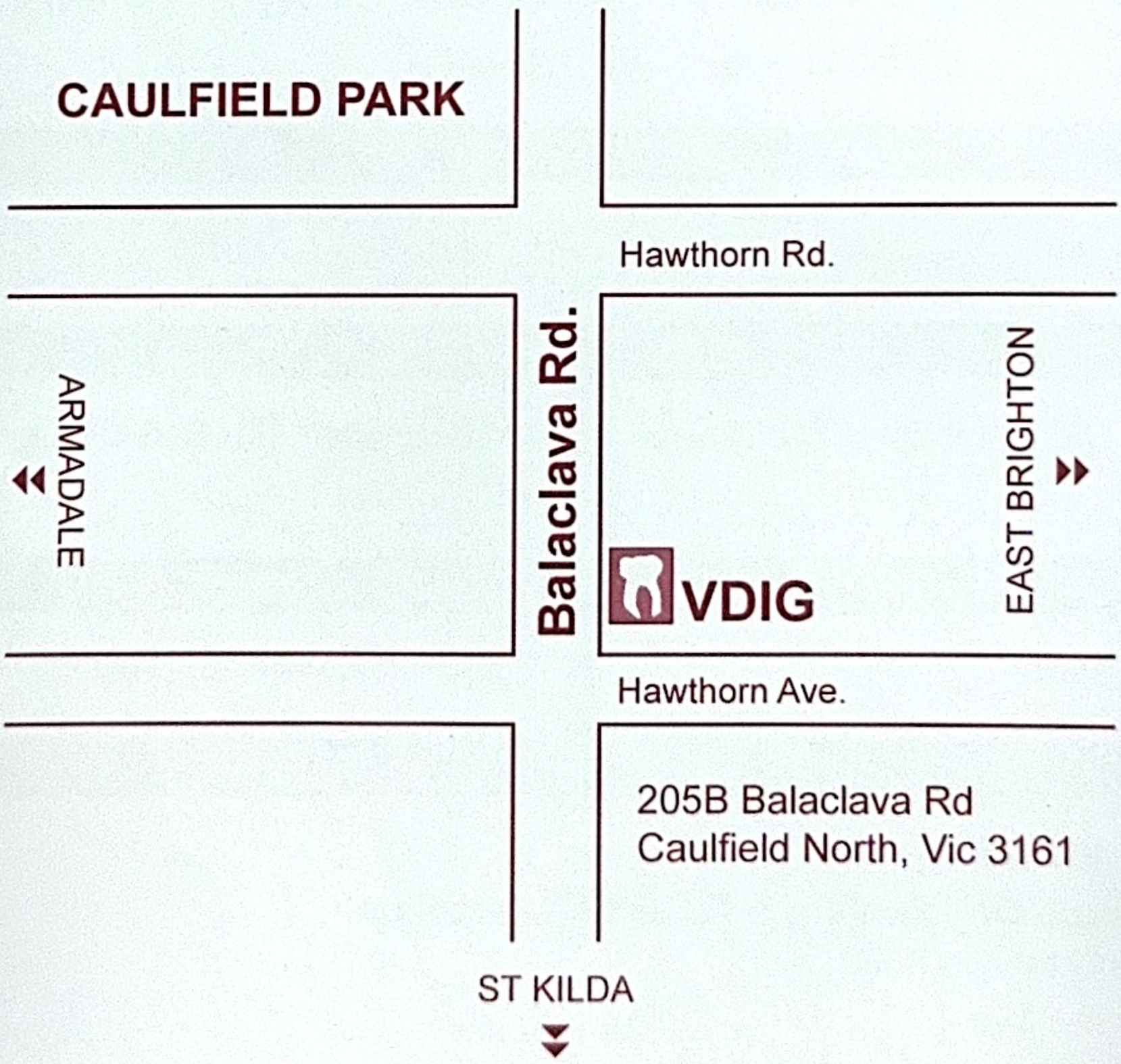
Date: .....

Time: .....

Please call for an appointment and bring your valid Medicare card or Medicare details

205B Balaclava Rd
Caulfield North, Vic 3161
T: 9523 1025
F: 9523 5725
reception@vdig.com.au

Patients attending without valid Medicare card or Medicare details may be responsible for full payment and for claiming of any medicare rebate.



Form can be used at any clinic providing these services