

UR

TITANIUM ID

DIGORA No.

Name:

Address:

.....

Telephone:

Mobile:

DOB: M / F

Interpreter required? **Yes**

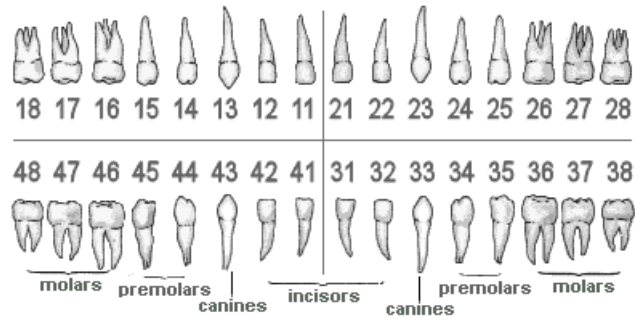
Language

Could patient be pregnant? Yes No

Clinical Note:

Requested Dental Imaging

- OPG 57960 Trauma, Infection, Congenital, Surgical
- OPG 57963 Impacted Teeth, Peridental
- OPG 57966 Missing, Crowded, Abnormal Teeth
- OPG 57969 Temporomandibular Joints
- 57902 Lateral Ceph



Referring Doctor Details:

Name:

Address:

Reports

Images with patient Y / N

Result Mobile/Landline number

Fax number

Healthlink EDI

Copy of report to

.....

.....

Signature: Date: Provider No:

Billing Details

- B/B
- MC Elect
- Public
- Private inpatient



I assign my right to benefits to the approved radiology practitioner who will render the requested radiology service(s) and any eligible radiologist determinable service(s) established as necessary by the practitioner.

MC No: / Ref. No Expiry Date

Patient's signature Date

