

# Future Medical Imaging Group

"Your First Choice in Radiology"

**Opening Hours:** Mon - Fri 8:30am-5:00pm  
Saturday 9:00am - 1:00pm

**Bulk Billing Available**

"You are free to choose your own imaging provider"

## DENTAL RADIOLOGY

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Surgery Ref: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
M  F



Scan QR for website

### DENTAL IMAGING

- X-RAY
- OPG No: 57963
- OPG & LAT CEPH No: 57963 & 57902
- ROUTINE TMJ

### OTHER IMAGING

- BONE AGE WRIST
- MRI TMJ
- CT DENTASCAN  
(Reimbursed by Medicare for Oral/Maxillofacial surgeons/Orthodontists/Prosthodontists & Dental specialists)
- SINUSES
- MANDIBLE

CURRENT HEIGHT

\_\_\_\_\_ cms/inches

**Is there a chance you might be pregnant?**

- Yes  No

Signature: \_\_\_\_\_

### REGION/S CLINICAL NOTES

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

### APPOINTMENT

TIME: \_\_\_\_\_  
DATE: \_\_\_\_\_

### RESULTS

Referred By \_\_\_\_\_

Address \_\_\_\_\_

Provider No. \_\_\_\_\_

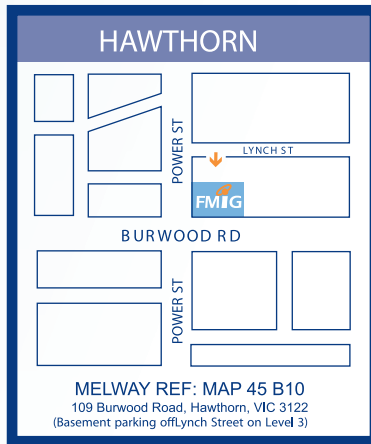
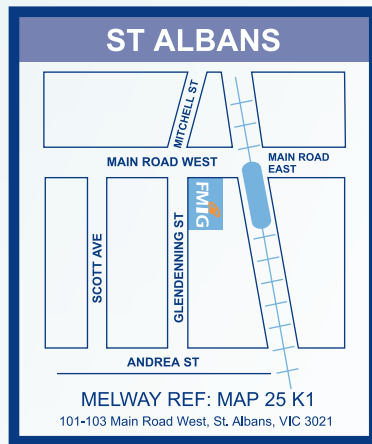
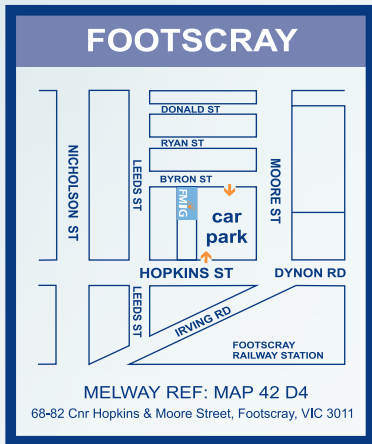
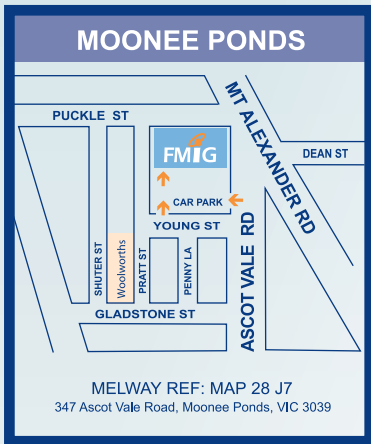
Signature \_\_\_\_\_

Date / /

Doctor's Name, Provider No. & Date are a legal requirement

- Pen/ Medicare
- Private
- Repat.
- TAC
- Workcover

- Copy to \_\_\_\_\_
- Email \_\_\_\_\_
- Phone \_\_\_\_\_  Normal Delivery
- Fax \_\_\_\_\_  Take film



Collection Films - Patient Signature: \_\_\_\_\_

Date: ...../...../.....

## FMIG BRANCHES & FACILITIES

BRANCH	ADDRESS	PHONE	FAX	CT Dentascan	OPG & Lat Ceph	General X-ray	MRI
MOONEE PONDS	347 Ascot Vale Road	9348 3500	9348 3520	●	●	●	●
FOOTSCRAY	68-82 Cnr Hopkins & Moore Street	9283 8500	9283 8520	●	●	●	
ST. ALBANS	101-103 Main Road WEST	8312 7200	8312 7220	●	●	●	●
HAWTHORN	109 Burwood Road	9818 9400	9818 9420	●	●	●	●