



La Trobe University Private Hospital
 Cnr Plenty Rd and Kingsbury Drive
 Bundoora VIC 3083
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 Email: info@scmi.com.au www.scmi.com.au
 Hours: 8.00am – 6.00pm Mon-Fri
 9.00am – 1.00pm Sat

Name _____
 Address _____
 P/Code _____ Sex _____ D.O.B. _____ Tel _____

Appointment

DATE: _____
 TIME: _____

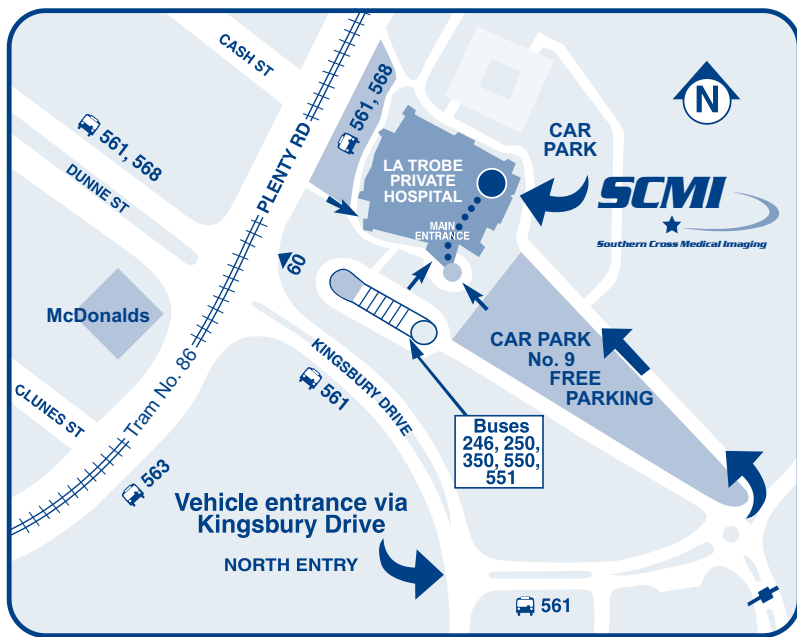
Dental Imaging OPG LAT CEPH MANDIBLE CT DENTASCAN
 TMJ SINUSES BONE AGE WRIST Current Height _____ cms

Region of Interest/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

Signature _____ Date _____

Referring Doctor Name _____ Provider No _____
 Address _____ Postcode _____ Tel _____ Fax _____
 Report: Routine Delivery Mail Phone Fax With Patient Copy to _____
 Are you Pregnant? Yes No Date of LMP _____ MIT's Initials _____



Melway Map Ref 19 F5

SPECIAL EXAMINATION PREPARATION

Patients will be given instructions at the time of booking the examination

General X-Ray examinations require no special preparation

For all appointments and enquiries, please contact



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