

## 2 DENTAL X-RAY / RADIOLOGY REFERRAL FORM

January 2021

**Price List:** For a full list of the investigations that we perform and updated Price List, please scan the QR Code on top right or please WhatsApp the keyword **DPRICE** to **083-440-1118**.

**Payment Methods:** We accept medical aid, cash, debit and credit cards. **Other Payment Methods and Cards:** We also accept Netcare Plus vouchers; MediWallet; OYI; RCS; and other cards from major retail stores like Foschini; Pick 'n Pay; Truworths; Game; Makro; Builders Warehouse; Supa Quick; IEMAS; Pretorium Trust; and many more.

**Order Forms:** To request delivery of referral pads, please WhatsApp the keyword **DREFERRAL** to **083-440-1118**.

### Patient Details

Names:		Surname:	
Telephone:		Mobile:	
Email:			

### Referring Practice Details

Practice Name:		Practice No:	
Telephone:		Mobile:	
Email:			

<input checked="" type="checkbox"/> EXTRA ORAL
Panoramic / Orthopantomogram
Lateral Cephalometric
TMJ Left Side (Open & Closed)
TMJ Right Side (Open & Closed)

<input checked="" type="checkbox"/> INTRA ORAL
Peri Apical each ** (specify Tooth / Teeth below)
Full Mouth Series
Bitewings Left Side
Bitewings Right Side
Occlusal (Mandibular)
Occlusal (Maxillary)

**	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

### Clinical History

How would you like to receive your report?  Electronic Access  CD  By Hand  Telephonic

Email Address \_\_\_\_\_

Do you require more referral pads?  Yes  No Would you prefer an electronic referral form?  Yes  No

Referring Practitioner's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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 Signature \_\_\_\_\_