

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 **PRICE** 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 **REFERRAL** 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
<input type="checkbox"/> Panoramic / Orthopantomogram
<input type="checkbox"/> Lateral Cephalometric
<input type="checkbox"/> TMJ Left Side (Open & Closed)
<input type="checkbox"/> TMJ Right Side (Open & Closed)

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

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 Signature _____