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Patient information

First name: DOB:

Last name: Gender: M F patient pregnant: Yes No

Address:

Phone: NHI:

Email:

ACC case: Yes No Claim number:

Southern Cross member: Yes No Policy number:

Region

- Maxilla
- Mandible
- Maxilla & Mandible
- TMJ
- Full head

Purpose

- Impacted teeth
- Root canals/Root fracture
- Implant placement
- TMJ evaluation
- Other: _____

Image required

- Panoramic view
- Frontal view
- Lateral Cephalogram view
- Cross-Sections

Data & Report

- NNT Viewer
- Dicom
- Report



Referrer

Name:

Phone:

Date:

Signature: _____

Clinical details

BOOK YOUR APPOINTMENT

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