



Leaders in Dental Radiology

Victorian Dental Imaging Group

Name _____ D.O.B _____

Address _____

Medicare No. _____ / _____ Exp: _____

Office Use

File No _____

x3 Pt ID check

Report _____

Date _____

Standard X-Rays

- OPG
- Lat. Ceph
- PA Ceph
- TMJs
- Bone Age

Clinical Notes

- Examine Dentition
- 3rd Molars
- Pathology
- Perio-Status
- Other

Cone Beam CT Scan

Scanner Preference i-CAT Morita (High resolution -> 80-120 Microns)

- Maxillary
- Mandibular
- Both Arches
- Endodontic
- Pathology
- Airway Study
- TMJ Study

Clinical Notes

Implant Study | Localisation | IDC Marking | Pathology | Perio Study | Endo Study



Please circle area of interest

Additional Notes

REFERRING DOCTOR DETAILS

Referring Dr: _____

Provider No: _____

Signature: _____ Date: / /

RESULTS

- Email
- DICOM Data with [VDIG Viewer](#)
- Posted
- DICOM Data ONLY*
*I use my own 3rd party viewer
- Printed
- CD

Cone Beam CT

Location	Address	Phone	2D	i-CAT	Morita	Intra-oral Scan	Surgical Guide
Bundoora	18 Scholar Dr, Bundoora 3083	(03) 9473 8555	✓	✓			
Doncaster East	1020 Doncaster Rd, Doncaster East 3109	(03) 8841 0500	✓	✓	✓	✓	✓
Balwyn North	16 Doncaster Rd, Balwyn North 3104	(03) 9473 8555	✓				
Essendon	1070 Mt Alexander Rd, Essendon 3040	(03) 9473 8555	✓				
Caulfield North	205B Balaclava Rd, Caulfield North 3161	(03) 9523 1025	✓	✓		✓	✓
Bendigo	86 Baxter St, Bendigo 3550	(03) 5442 5100	✓	✓			
Shepparton	167 Nixon St, Shepparton 3630	(03) 9473 8555	✓				