



**Crystal
Dental
Imaging**

Dental Referral

**ICS
Imaging**



Last Name : _____ First Name : _____ D.O.B : _____ Sex M F
 Address : _____
 Phone : _____ Pregnant Yes No

Cone Beam

- MAXILLA** **IMPLANT SURVEY**
 MANDIBLE **IAN SURVEY**

Dental Imaging

- OPG**
 LAT CEPH

Regions / Clinical

Special Instructions : _____

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

Referrer Details

Date : _____

Referring Dr : _____
 Signature : _____ Prov. No : _____
 Address : _____
 Email : _____

Image Delivery

- Email**
 Hard copy
 DVD
(Romax Viewer for Implants)

For Office Use Only

- Health Fund**
 Medicare

Oasis No
CDI No

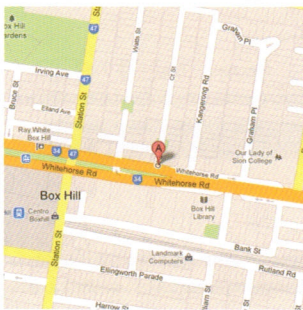
Collection of Films - Patient Signature: _____ **Date:** _____



**Crystal
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Imaging**

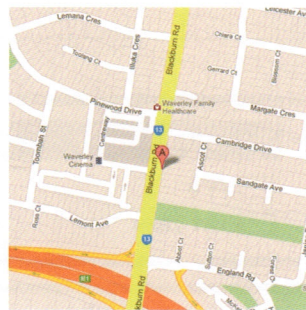
Dental Referral

**ICS
Imaging**

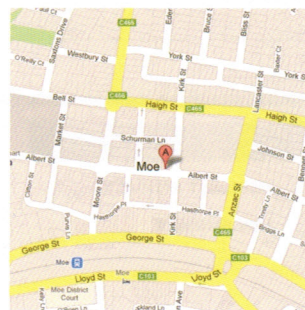


**1029 Whitehorse Rd
Box Hill, VIC 3128**

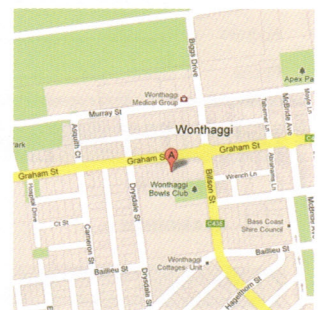
*Parking available at
Court Street carpark



**470 Blackburn Rd
Glen Waverley, VIC 3150**



**41 - 46 Albert St
Moe, VIC 3825**



**189 Graham St
Wonthaggi, VIC 3995**

CRYSTAL DENTAL IMAGING BRANCHES AND FACILITIES

Branch	Address	Phone	Fax	OPG	L/CEPH	3D
BOX HILL	1029 Whitehorse Rd	9897 1569	9899 7778	✓	✓	✓
GLEN WAVERLEY	470 Blackburn Rd	9802 0198	9803 7378	✓	✓	
MOE	41-46 Albert St	5127 1866	5127 1013	✓	✓	
WONTHAGGI	189 Graham St	5672 1026	5672 4495	✓	✓	

Opening Hours:

BOX HILL	Mon to Fri: 9am - 6pm	Sat: 9am - 3pm	Sun: CLOSED
GLEN WAVERLEY	Mon to Fri: 9am - 6pm	Sat: 9am - 1pm	Sun: CLOSED
MOE	Mon to Fri: 9am - 6pm	Sat: CLOSED	Sun: CLOSED
WONTHAGGI	Mon to Fri: 9am - 6pm	Sat: 9am - 2pm	Sun: CLOSED

"Your doctor has recommended that you use Crystal Dental Imaging. You may choose another provider but please discuss this with your doctor first".