

Patients Name: _____ Appointment Date: _____ Time: _____

Address: _____

Dental / Ortho Surveys

- Routine OPG
- OPG * Magnification 1.7
* does not include TMJs
OPGs can be divided into upper or lower and/or right or left segments.
Indicate if required. upper lower
 right left
- Lat Ceph PA Ceph
- Bone Age SMV

Intra-oral Views

- Occlusal
 anterior mandibular
- Periapical (circle below)
- Full mouth survey
- Bitewings

Cone Beam Dental CT

- Single Tooth (circle below)
To locate unerupted teeth, pathology etc.
- TMJ Surveys
- IAN Localisation
To localise the inferior alveolar nerve in relation to impacted 3rd molars
- Implant Surveys
Please circle cross-sectional sites below

Special Instructions _____

Upper Jaw	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Lower Jaw	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Dr: _____ Provider No: _____ Date: _____

Signature: _____ Film with patient Yes No

It is a strict requirement of the HIC that all request slips are signed and dated by the Referring Practitioner