

**General x-ray - Dental Cone Beam - Ultrasound**

Medical Imaging Request Form

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| Requesting Medical Practitioner:Address:Phone:Fax:Provider Number: | Request to:X-Ray Newstead169 Elphin RoadNewstead TAS 7250Phone: 6331 1111 |
| Copy to: |
| Patient: | Patient Date of Birth: |
| Request: Reason:Signature: Request Date: |