

**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 Newstead  169 Elphin Road  Newstead TAS 7250  Phone: 6331 1111 |
| Copy to: | |
| Patient: | Patient Date of Birth: |
| Request:  Reason:    Signature: Request Date: | |