

Name: _____

Address: _____

DOB: _____ Phone: _____

Medicare No: _____ Gender: _____

Radiologists

Dr Tony Bretherton
MBBS, FRANZCR

Dr James Challen
MBBS, FRANZCR

Dr Anthony Chan
MBBS, FRANZCR

Dr Siavash Es'haghi
MB ChB, FRANZCR, EMBA

Dr Denise Ladwig
FRANZCOG DDU

Dr Rodney Larsen
MBBS (Hons), FRANZCR

Dr Noel Marginson
MBBS, FRANZCR

Dr Paul Reidy
MBBS, BAppSC (MedImaging),
RANZCR

Dr Amit Sidana
MBBS (Hons), FRANZCR

Dr Nigel Sommerfeld
MBBS, FRANZCR

Dr Sahm Taheri
MBBS, RANZCR

Dr Angus Thomas
BSc, MBBS, FRANZCR

Dr Peter Wakefield
MBBS, FRANZCR

Dual Qualified Radiologist + Nuclear Medicine

Dr John Evans
MBBS, B Med Sci (Hons),
FRANZCR Nuclear Medicine
Specialist

Dr Mark Sinnamon
MBBS, FRANZCR, FAANMS

Dental Radiology

Dr Jacqui Dalton
BDS, Dclin Dent(UK)

Contact

1300 MY SCAN
1300 697 226

iqradiology.com.au

ABN 55 165 751 128

OPG

- ☐ OPG1: Trauma, infection, tumour, congenital, surgical condition
- ☐ OPG2: Impacted teeth, caries, periodontal, periapical
- ☐ OPG3: Missing, crowded teeth, developmental anomalies
- ☐ OPG4: TMJ arthrosis or dysfunction
- ☐ **Specialist DMFR report (additional charges apply)**

CT Dentascan

- ☐ Maxilla
- ☐ Mandible
- ☐ Both

MRI TMJs

Cone Beam CT

- ☐ 150x150 - Sinuses+Mandible+Maxilla (reduced resolution in periapical area)
- ☐ 120x85 - Mandible OR Maxilla
- ☐ 120x85 - Mandible PLUS Maxilla
- ☐ 85x85 - 1 Quadrant or 7 Teeth
- ☐ 50x50 - 3 Teeth

Lateral Cephalogram

- ☐ Frontal (PA) Cephalogram
- ☐ Lat C Spine
- ☐ Bone Age
- ☐ TMJs

R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Clinical Note: _____

Name: _____

CC: _____

Address: _____

☐ Urgent

Signature

Date

Medical Imaging Final Check

☐ Patient identification verified

MIT initials: _____

☐ Correct side & site verified

☐ Procedure & consent verified



Please Consider
The Environment
CHOOSE TO GO FILMLESS

All images are digitally stored
for future online access
or printing if required.



Patient Information

1 How to book?



FOLLOW 2 SIMPLE STEPS

1. Scan the QR code.
 2. Upload a photo of referral front page.
- Done! We will contact you shortly.

OR



1300 697 226



bookings@iqradiology.com.au



iqradiology.com.au/booking

Please send through your referral prior to making an appointment.

2 Your Appointment

Date: _____ Appointment time: _____ Please arrive 15 minutes prior to your appointment time

Preparation: _____

For preparation instructions please refer to iqradiology.com.au

3 What's important?

General X-Ray | OPG

No appointment needed. Please attend one of our clinics during office hours. All Medicare eligible X-Rays are **Bulk Billed**.

Ultrasound | MRI | CT

Please make an appointment. Preparation prior to examination may be required.

Interventional/Procedures

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

Dental | Bone Densitometry

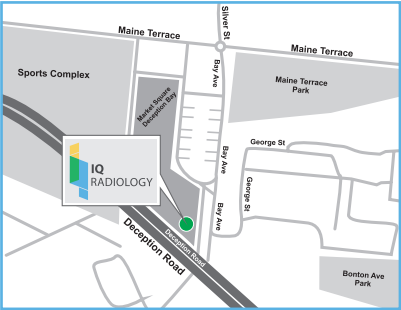
Please make an appointment. Preparation may be required prior to examination. Fees may apply.

4 Where to go?

Deception Bay

Deception Bay Market Square, cnr Deception Bay Road & Bay Ave, Deception Bay Qld 4508

☎ 07 3884 1800 ☎ 07 3884 1899 / 8 AM - 5 PM



5 Services



CT Scan



Ultrasound



Bone Densitometry



Echocardiography



IR/Procedures



X-Rays



Dental Imaging/OPG