Keperra
Diagnostic Imaging

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Patient Name _____

Address _____

Phone No. _____ Date of Birth _____

Chiropractic/Physiotherapy (All X-Ray examinations performed load bearing unless otherwise requested)

- ☐ C Spine ☐ AP ☐ AP Open Mouth ☐ Lat ☐ Oblique ☐ Flex / Ext
- ☐ T Spine ☐ AP ☐ Lat
- ☐ L/S Spine (inc Pelvis) ☐ AP ☐ Lat ☐ Oblique ☐ Flex / Ext
- ☐ Ultrasound _____

Dental

OPG
- ☐ 57963 – Impacted teeth / caries, perdiodontal
- ☐ 57966 – Missing or crowded teeth / development of teeth or jaw
- ☐ 57969 – Temporomandibular Joint arthroses or dysfunction
- ☐ 57960 – Trauma / infection / tumours / congenital-surgical conditions

Region of Interest _____

- ☐ Cephalogram ☐ Lat ☐ AP
- ☐ CT Dentascan
- ☐ TM Joints
- ☐ Mandible

Podiatry (All X-Ray examinations performed load bearing unless otherwise requested)

X-Ray

- ☐ Left ☐ Right ☐ Bilateral
- ☐ Foot ☐ Knee ☐ Tibia/Fibula
- ☐ Ankle ☐ Femur
- ☐ Ultrasound

Clinical Hx / Notes _____

Referred By _____

Contact Details _____

Provider Number _____

Signature _____

Date _____

Office Use Only
Name: ☐
DOB: ☐
Exam: ☐
Side: ☐
Initial:

CT
BMD
X-Ray
OPG/LC
Ultrasound

☐ Do not send reports to My Health Record

Your doctor has requested that you use Keperra Diagnostic Imaging.
You may choose another provider but please discuss this with your doctor.