

DENTAL IMAGING REFERRAL

Patient details

Name:	DOB:
Address:	Medicare Card:
	Concession/Pension Card:
Postcode:	Telephone:
Email:	

Procedure Requested

<input type="radio"/> OPG	<input type="radio"/> Multi-Tooth/Full Mouth X-Ray
<input type="radio"/> CEPH →	<input type="radio"/> Lat CEPH <input type="radio"/> Front CEPH
<input type="radio"/> Temporomandibular Joint →	<input type="radio"/> X-Ray Tomography +/- CBCT with Open & Closed Views
<input type="radio"/> Paranasal Sinuses →	<input type="radio"/> X-Ray Tomography +/- CBCT
<input type="radio"/> Facial Bones →	<input type="radio"/> X-Ray Tomography +/- CBCT
<input type="radio"/> Wrist Bone Age X-Ray	
<input type="radio"/> Airways →	<input type="radio"/> Cone Beam Computed Tomography (quantitative airway measurements)
<input type="radio"/> CT (Multi- Slice Low Dose) Region:	
<input type="radio"/> 3D Cone Beam Computed Tomography	
AOI:	
RIGHT	LEFT
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Clinical Notes

<input type="radio"/> Implant Placement	<input type="radio"/> Mandibular Canal Marking	<input type="radio"/> Maxillofacial Surgery
<input type="radio"/> Trauma	<input type="radio"/> Sinuses	<input type="radio"/> TMJ
<input type="radio"/> Impacted Teeth	<input type="radio"/> Orthodontic Planning	<input type="radio"/> Soft Tissue/Airway
<input type="radio"/> Periapical Pathology	<input type="radio"/> Obstructive Sleep Apnoea	<input type="radio"/> Other (specify other)
Additional Notes:		

Referrer Details

Referrer Name:	Provider Number:
Address:	Speciality:
	Telephone:
Signature:	Date:
	Facsimile:
Report	<input type="radio"/> Ph <input type="radio"/> Fax <input type="radio"/> More referral pads please <input type="radio"/> DICOM

	Auburn	Burwood	Campsie Beamish Street	Campsie Campsie Street	Lakemba	Lakeside	Norwest	Randwick	Rouse Hill	Strathfield
CT Multi-Slice Low Dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OPG and LAT CEPH	✓	✓		✓	✓		✓	✓	✓	✓
Cone Beam CT	✓	✓		✓	✓		✓	✓	✓	✓

BOOK APPOINTMENT

Bookings can be made via: QR Code
Email referrals to: bookings@synrad.com.au



Auburn

66-70 Auburn Road, Auburn, NSW 2144

P: 9207 4300 F: 9207 4311

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** 8.00am - 12.00pm

(MRI extended hours by appointment)

Burwood

216 Burwood Road, Burwood, NSW 2134

P: 9245 8888 F: 9245 8811

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** 8.00am - 12.00pm

Campsie

247 Beamish Street, Campsie, NSW 2194

P: 9538 6388 F: 9538 6311

OPENING HOURS

MON-FRI: 8.00am - 5.00pm **SAT:** Closed

Campsie

17-21 Campsie Street Campsie, NSW 2194

P: 9789 3033 F: 9789 3088

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** 8.00am - 12.00pm

(MRI extended hours by appointment)

Lakemba

2-26 Haldon Street, Lakemba NSW 2195

P: 9198 7600 F: 9198 7611

OPENING HOURS

MON-FRI: 8.30am - 5.00pm **SAT:** Closed

Lakeside

Esplanade Norwest, Shop 8 11-13 Solent Circuit, Baulkham Hills, NSW 2153

P: 7804 0600 F: 7804 0611

OPENING HOURS

MON-FRI: 8.00am - 5.00pm **SAT:** Closed

Norwest

Ground Floor, 6 Meridian Place, Norwest Business Park, Bella Vista, NSW 2153

P: 8883 3284 F: 1300 229 729

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** 8.00am - 12.00pm

(MRI extended hours by appointment)

Randwick

54b High St, Randwick, NSW 2031

P: 9050 0100 F: 9050 0111

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** Closed

Rouse Hill

The Terrace Shop 1/40 Panmure Street, Rouse Hill, NSW 2155

P: 8602 5400 F: 8602 5411

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** 8.00am - 12.00pm

(MRI extended hours by appointment)

Strathfield

Suite 207, Level 2, Strathfield Plaza, 11 The Boulevard, Strathfield, NSW 2135

P: 8622 0000 F: 8622 0022

OPENING HOURS

MON-FRI: 8.00am - 5.30pm **SAT:** Closed