



**Auburn**  
9207 4300

**Burwood**  
9245 8888

**Campsie**  
(Beamish Street)  
9538 6388

**Campsie**  
(Campsie Street)  
9789 3033

**Lakemba**  
9198 7600

**Lakeside**  
7804 0600

**Norwest**  
8883 3284

**Randwick**  
9050 0100

**Rouse Hill**  
8602 5400

**Strathfield**  
8622 0000

## DENTAL IMAGING REFERRAL

### Patient details

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

### Procedure Requested

**OPG**                                       Multi-Tooth/Full Mouth X-Ray

**CEPH** →                                       Lat CEPH                       Front CEPH

**Temporomandibular Joint** →       X-Ray Tomography +/- CBCT with Open & Closed Views

**Paranasal Sinuses** →                       X-Ray Tomography +/- CBCT

**Facial Bones** →                               X-Ray Tomography +/- CBCT

**Wrist Bone Age X-Ray**

**Airways** →                                       Cone Beam Computed Tomography (quantitative airway measurements)

**CT (Multi- Slice Low Dose) Region:**

**3D Cone Beam Computed Tomography**

**AOI:**

<b>RIGHT</b>	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	<b>LEFT</b>
	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:
	Postcode:
	Telephone:
Signature:	Date:
	Facsimile:

**Report**    Urgent report:     Ph     Fax     More referral pads please     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](mailto: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

### 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

### 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