



## BULK-BILLING

**\*PARKING ON SITE\***

**Multi Languages • Any Referral Accepted**

1<sup>st</sup> Floor, 102/39 Queen Street Auburn NSW 2144

**Phone:** 02 8315 8292

**Fax:** 02 9188 3850

### OFFICE HOURS

Monday-Friday: 8.30am-5.00pm

## DENTAL IMAGING REFERRAL

Patient Details		
Name:	DOB:	
Address:	Medicare Card:	
	Concession/Pension Card:	
Postcode:		
Telephone: (H)	(B)	(M)

Procedure Requested		
<input type="checkbox"/> <b>OPG</b> +/-	<input type="checkbox"/> Multi-tooth/Full Mouth X-Ray	
<input type="checkbox"/> <b>CEPH</b> ⇒	<input type="checkbox"/> Lat CEPH	
<input type="checkbox"/> <b>Temporomandibular Joint</b> ⇒	<input type="checkbox"/> X-Ray Tomography	
<input type="checkbox"/> <b>Paranasal Sinuses</b> ⇒	<input type="checkbox"/> X-Ray + CT	
<input type="checkbox"/> <b>Facial Bones</b> ⇒	<input type="checkbox"/> X-Ray + CT	
<input type="checkbox"/> <b>Airways</b>		
<input type="checkbox"/> <b>CT (Multi-Slice Low Dose) Region:</b>		
<b>AIO: Right</b>	<u>18   17   16   15   14   13   12   11   21   22   23   24   25   26   27   28</u> <u>48   47   46   45   44   43   42   41   31   32   33   34   35   36   37   38</u>	<b>Left</b>

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

Referral Details		
Referrer Name:	Provider Number:	
Address:	Specialty:	
	Postcode:	Telephone:
Signature:	Date:	Facsimile:
<b>Report</b>	<input type="checkbox"/> Urgent report <input type="checkbox"/> Electronic Report / Images	<b>Films</b>
	<input type="checkbox"/> 3D Soft Copy <input type="checkbox"/> DICOM DATA	<input type="checkbox"/> Return with Patient <input type="checkbox"/> Deliver <input type="checkbox"/> More referral pads please



# AUBURN RADIOLOGY

## Practice Information



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