

Dental Examination Referral

Appointment Time:	Day:	Date:	Location:
Patient's Name		Date of Birth	
Address		Telephone No	

1. Examination	2. Clinical Details	3. Referrer
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- OPG
 - Lateral Cephalometry
 - H/W Skeletal Age
 - Intra Oral
 - TMJ (open/closed)
 - CT Dentascan*
 - Other:
- Cone Beam VT***
 - Mandible**
 - Maxilla**
 - TMJ**
 - Specific site:**

For Investigation of (please tick):

- Trauma, infection, tumours, congenital conditions or surgical conditions
- Impacted teeth, caries, periodontal or periapical pathology
- Missing or crowded teeth, or developmental anomalies
- Temporomandibular joint arthroses or dysfunction
- Other (please specify)

Regions of Interest

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

* Medicare rebate payable in accordance with Medicare referrer criteria

Please bring this referral form, your Medicare card and your pension / health care card to your appointment

4. Results	
<input type="checkbox"/> Disc required	Phone Report to:
<input type="checkbox"/> Film required	
CC:	

Doctor Signature	Date / /
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Central	Address	Phone	Fax	Cone Beam VT	OPG	Lateral CEPH	H/W Skeletal Age	Intra Oral	CT Dentascan	Saturday Service	Sunday Service
Calvary Adelaide Hospital	Level 2, 120 Angas Street, Adelaide	7100 7800	7100 7855		•	•	•		•	am pm	am pm
Burnside (Attunga Medical Centre)	97 Hewitt Avenue, Toorak Gardens	8403 3100	8403 3120	•	•	•	•	•	•		
Kurralta Park (Tennyson Centre)	520 South Road, Kurralta Park	1300 435 566	8193 9550		•	•	•		•		
Stepney (sportsmed)	32 Payneham Road, Stepney	8133 1900	8133 1915						•		
SAHMRI	North Terrace, Adelaide	8470 6750	8470 6780						•		
North											
Gawler Health Service	21 Hutchinson Rd, Gawler East	8505 1550	8505 1578		•	•	•		•	am	
Modbury	27 Smart Road, Modbury	8397 5800	8397 5811		•	•	•		•	am	
Munno Para	Lot 2, Main North Road, Blakeview	8307 9700	8307 9709		•	•	•		•	am	
Prospect	294 Main North Road, Prospect	8309 4130	8309 4142		•	•	•		•	am	
South/Hills/Fleurieu											
Goolwa	24 Cadell Street, Goolwa	1800 693 126	8555 6110						•		
Seaford Meadows	67 Seaford Road, Seaford Meadows	1800 373 982	8386 4412		•				•		
South Coast District Hospital	Harborview Terrace, Victor Harbor	7523 9600	7523 9610		•	•	•		•		
Southern Specialist Centre	Cnr Main South/O'Sullivan Beach Rds, Morphett Vale	8307 3450	8307 3460		•	•	•		•		
Victor Radiology Centre	170 Hindmarsh Road, Victor Harbor	7523 9894	7523 9893		•	•	•		•		
Mount Barker District Hospital	Wellington Road, Mount Barker	1800 766 433	8188 7729		•	•	•		•	am	
Mount Barker Central	6B/20 Druids Avenue, Mount Barker	1800 766 433	8188 7713						•		
Country											
Alice Springs Hospital	Gap Road, Alice Springs	8951 7870	8953 4300		•	•	•		•		
Port Augusta Hospital	Hospital Road, Port Augusta	8642 5322	8642 6255		•	•	•		•		
Port Lincoln Hospital	Oxford Terrace, Port Lincoln	7625 3600	7625 3620		•	•	•		•		
Walleroo District Hospital	Walleroo	7624 9730	7624 9739		•	•	•		•		
Whyalla Hospital	Wood Terrace, Whyalla	7624 9700	7624 9725		•	•	•		•		
Enquiries: contactcentre@jonesradiology.com.au											

Your doctor has recommended you use Jones Radiology. You may choose another provider however it is important to discuss this with your doctor first.



**Book your
appointment online**

jonesradiology.com.au/book

1800 375 663



Upload referral form

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Please bring this referral form,
your Medicare card and your
pension/health care card