

Appointment Time:

Day:

Date:

Location:

Patient Details

Examination

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

Clinical Details

Creatinine $\mu\text{mols/L}$ | eGFR mL/min | Date:
 for CT and/or MRI iv contrast patients

Referrer

Results

Phone Report to:

Fax Report (No.)
 Grant Jones Radiology Online Access to:



Book your appointment online

jonesradiology.com.au/book

1800 375 663



Upload referral form

jonesradiology.com.au/upload-a-referral

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

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

Directory of Clinics

Central	Address	Phone	Fax
St Andrew's Hospital	1st Floor, 350 South Terrace, Adelaide	8402 4401	8402 4430
St Andrew's Hospital MRI	Ground Floor, 350 South Terrace, Adelaide	8402 4424	8402 4435
337 South Terrace Radiology Centre	337 South Terrace, Adelaide	7100 5029	7100 5013
Calvary Adelaide Hospital	Level 2, 120 Angas Street, Adelaide	7100 7800	7100 7855
Burnside (Attunga Medical Centre)	97 Hewitt Avenue, Toorak Gardens	8403 3100	8403 3120
Kurrallta Park (Tennyson Centre)	520 South Road, Kurrallta 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
Modbury	27 Smart Road, Modbury	8397 5800	8397 5811
Munno Para	Lot 2, Main North Road, Blakeview	8307 9700	8307 9709
Prospect	294 Main North Road, Prospect	8309 4130	8309 4142
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
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
Ceduna	3 Eyre Highway, Ceduna	8600 9580	8600 9588
Kangaroo Island Health Service	3-7 Esplanade, Kingscote	7523 9640	8309 2210
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			

Clinic Use Only

Is break-glass required? Yes No

Visual Check		Verbal Check		Pregnant		Checked by	
Correct name	Y	Y	N	Y	N	Y	N
Correct DOB	Y	Y	N	Y	N	Y	N
Correct address	Y	Y	N	Y	N	Y	N
Clinical details read	Y	Y	N	Y	N	Y	N
Correct modality	Y	Y	N	Y	N	Y	N
Correct site	Y	Y	N	Y	N	Y	N
Correct side	R	L	N/A	R	L	N/A	N/A
Correct annotation	Y	Y	N	Y	N	Y	N
Modality		Referral		Screen			

Agreement of Benefits													
I offer to assign my right to benefits to the diagnostic imaging provider who will render the requested radiology service(s) and any radiology determinable service(s) established as necessary by the Radiologist.													
Patient/Carer signature <small>Please circle</small>	Date												
<table border="1"> <thead> <tr> <th colspan="2">Arrival Checklist</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Correct Patient/DOB/Address</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Correct Procedure/Side</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Correct Referring Doctor/Location</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Correct Referral Date</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sign</td> </tr> </tbody> </table>		Arrival Checklist		<input type="checkbox"/>	Correct Patient/DOB/Address	<input type="checkbox"/>	Correct Procedure/Side	<input type="checkbox"/>	Correct Referring Doctor/Location	<input type="checkbox"/>	Correct Referral Date	<input type="checkbox"/>	Sign
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Final Verification													