



radiology SA

Enquiries (08) 8402 0200

Toll free 1300 732 270

Facsimile: (08) 8402 0247

Email: radiologysa@radiologysa.com.au

Internet: www.radiologysa.com.au

PO Box 1072 North Adelaide SA 5006

Dr Chan, Dr Cooper, Dr Croser,
Dr Drogemuller, Dr Fon, Dr Geake,
Dr Hall, Dr Hockley, Dr Kat, Dr King,
Dr Koukourou, Dr Lorraine, Dr Lott,
Dr Mosel, Dr Pathi, Dr Reece, Dr Rice,
Dr Roache, Dr Saloniklis, Dr Sandhu,
Dr Sykes, Dr Taylor, Dr Whisson, Dr Wilks
Nuclear Specialists:
Dr Casse, Dr Chew, Dr Cooper, Dr Hall

FOR BOOKINGS & APPOINTMENTS

At: Calvary Central Districts Tel: (08) 8402 0202
 Calvary North Adelaide Tel: (08) 8402 0262
 Marion Med Centre Tel: (08) 8402 0235
 Memorial Hospital Tel: (08) 8402 0282
 NE Hospital Tel: (08) 8402 0212
 Pt Adelaide Med Centre Tel: (08) 8402 0223
See back of form for address details.

Patient's Name

Date of Birth

Time:

Date:

Address

Telephone No

Request For (see over):

Referring Doctor

- Hip x-ray
- Pelvis x-ray
- Cervical Spine x-ray
- Thoracic Spine x-ray
- Lumbosacral Spine x-ray

- Sacrococcygeal Spine x-ray
- Spine 2 regions (please specify)

- Full Spine x-ray

Address

Telephone

Provider No

Date

Signature

Clinical Details



radiology SA

For bookings and appointments please contact clinics below

Calvary Central Districts Hospital
 Tel: (08) 8402 0202 Fax: (08) 8402 0210
 25-37 Jarvis Road, Elizabeth Vale

Calvary North Adelaide Hospital
 Tel: (08) 8402 0262 Fax: (08) 8402 0272
 89 Strangways Terrace, North Adelaide

Marion Medical Centre
 Tel: (08) 8402 0235 Fax: (08) 8402 0236
 199 Sturt Road, Seacombe Gardens

Memorial Hospital (open until 8pm weekdays)
 Tel: (08) 8402 0282 Fax: (08) 8402 0292
 Sir Edwin Smith Avenue, North Adelaide

North Eastern Community Hospital
 Tel: (08) 8402 0212 Fax: (08) 8402 0220
 Heading Avenue, Campbelltown

Port Adelaide Medical Centre
 Tel: (08) 8402 0223 Fax: (08) 8402 0229
 60 Marryatt Street (Corner Thomas Place), Port Adelaide

Calvary Central Districts Hospital



This our new location

Views Requested	Please Tick
Cervical Spine	
AP OM	<input type="checkbox"/>
AP	<input type="checkbox"/>
Neutral Lateral	<input type="checkbox"/>
Thoracic Spine	
AP	<input type="checkbox"/>
Lateral	<input type="checkbox"/>
Lumbar Spine	
AP	<input type="checkbox"/>
Lateral	<input type="checkbox"/>
FULL SPINE SERIES	
<input type="checkbox"/>	
Additional Views	
Obliques:	Cervical <input type="checkbox"/>
	Lumbar <input type="checkbox"/>
Flexion/Extension:	Cervical <input type="checkbox"/>
	Lumbar <input type="checkbox"/>
Other _____	

