



P8 MEDICAL RECALL FORM

000119033

Please complete this form using a **BLACK PEN** and **BLOCK CAPITALS**. Forward to HCN Payroll by **FAX**.
* Denotes a mandatory field.

(A) HEALTH SERVICE / AGENCY : * ***Site Abbreviation:**

(B) CURRENT DETAILS :

*Employee Number: *Family Name:

*Given Name(s):

*Department:

(C) CALLBACK / UNROSTERED OVERTIME : Consultant Junior Medical Staff

Date: (dd/mm/yyyy)	Reason for Callback	<input type="checkbox"/> Private Patient <input type="checkbox"/> Public Patient	On Call (Y/N)	Cost Centre	Office Use Only RoStar
Start:					
Finish:					

Date: (dd/mm/yyyy)	Reason for Callback	<input type="checkbox"/> Private Patient <input type="checkbox"/> Public Patient	On Call (Y/N)	Cost Centre	Office Use Only RoStar
Start:					
Finish:					

Date: (dd/mm/yyyy)	Reason for Callback	<input type="checkbox"/> Private Patient <input type="checkbox"/> Public Patient	On Call (Y/N)	Cost Centre	Office Use Only RoStar
Start:					
Finish:					

Date: (dd/mm/yyyy)	Reason for Callback	<input type="checkbox"/> Private Patient <input type="checkbox"/> Public Patient	On Call (Y/N)	Cost Centre	Office Use Only RoStar
Start:					
Finish:					

*Employee Name: *Telephone/Ext: *Signature: *Date:
D D M M Y Y Y Y

*Manager/Supervisor Name: *Telephone/Ext: *Signature: *Date:
D D M M Y Y Y Y

Return this form to HCN Payroll as soon as possible. FAX to 6444 5899.

(D) PAYROLL SERVICES : (Note: DO NOT put stickers on the front of this document, use reverse side.)

116	<input type="text"/>	<input type="text"/>	<input type="text"/>	120	<input type="text"/>
117	<input type="text"/>	<input type="text"/>	<input type="text"/>	121	<input type="text"/>
205	<input type="text"/>	<input type="text"/>	<input type="text"/>	209	<input type="text"/>
105	<input type="text"/>	<input type="text"/>	<input type="text"/>	001	<input type="text"/>
380	<input type="text"/>	<input type="text"/>	<input type="text"/>	381	<input type="text"/>

PATIENT STICKER DETAILS

Date:	<i>Patient's Name & UMRN Please Attach Label</i>	Doctor - <i>Please tick</i>	Classification <i>Please Tick</i>
Start Time:		On Call: <input type="checkbox"/>	Public Patient: <input type="checkbox"/>
Finish Time:		Not On Call: <input type="checkbox"/>	Private Patient: <input type="checkbox"/>
		Unrostered Overtime: <input type="checkbox"/>	

Date:	<i>Patient's Name & UMRN Please Attach Label</i>	Doctor - <i>Please tick</i>	Classification <i>Please Tick</i>
Start Time:		On Call: <input type="checkbox"/>	Public Patient: <input type="checkbox"/>
Finish Time:		Not On Call: <input type="checkbox"/>	Private Patient: <input type="checkbox"/>
		Unrostered Overtime: <input type="checkbox"/>	

Date:	<i>Patient's Name & UMRN Please Attach Label</i>	Doctor - <i>Please tick</i>	Classification <i>Please Tick</i>
Start Time:		On Call: <input type="checkbox"/>	Public Patient: <input type="checkbox"/>
Finish Time:		Not On Call: <input type="checkbox"/>	Private Patient: <input type="checkbox"/>
		Unrostered Overtime: <input type="checkbox"/>	

Date:	<i>Patient's Name & UMRN Please Attach Label</i>	Doctor - <i>Please tick</i>	Classification <i>Please Tick</i>
Start Time:		On Call: <input type="checkbox"/>	Public Patient: <input type="checkbox"/>
Finish Time:		Not On Call: <input type="checkbox"/>	Private Patient: <input type="checkbox"/>
		Unrostered Overtime: <input type="checkbox"/>	

Authorisation HOD/ Consultant

Name: _____
Please Print

Signature: _____

Date: _____

CHECKLIST	
<input type="checkbox"/>	All details completed on front side of form & signed
<input type="checkbox"/>	Patient Stickers are attached on Page 2 - NO patient information on Page 1.
<input type="checkbox"/>	HOD/ Supervisor has signed front and back pages authorising call back
<input type="checkbox"/>	Forward to Business Manager for Approval