

Radiology Request Form

Tanzanite One and Beryl



Section A: Referring Family Practitioner Details

Name

Surname

Email

Tel no. Fax no.

Practice no. Practitioner Signature _____

Section B: Patient Details

Member no. Dependent code

Surname

First name

Date of birth Gender

Scheme Name Scheme Option

I certify that the above information is correct and give specific consent for selected test(s) to be done. I authorise the disclosure of these results to my doctor, medical aid administrators and/or insurance company. I undertake to pay all outstanding monies not covered by my medical aid. I fully understand the implication of the test(s) and have received adequate pre-test counselling.

Patient Signature _____

Section C: Clinical Information

ICD10 codes , , , , , , ,

Please choose from the investigations below. For certain tests, please specify the view and site.					
Skull and brain	Ref price	Pelvis and hips	Ref price	Lower limb cont.	Ref price
Skull		Pelvis		Knee: left lateral	
Facial bones and nasal bones		Hip: left		Knee: right ap	
Facial bones		Hip: right		Knee: right lateral	
Nasal bones		Pelvis and hips		Knee including patella: left	
Orbits and paranasal sinuses		Upper limb		Knee including patella: right	
Orbits		Clavicle: left		Patella: left	
Paranasal sinuses		Clavicle: right		Patella: right	
Paranasal sinuses: 2 views		Scapula: left		Both knees standing: single view	
Mandible, teeth and maxilla		Scapula: right		Sesamoid bones: left	
Mandible		Acromio-clavicular joint: left		Sesamoid bones: right	
Teeth: single quadrant		Acromio-clavicular joint: right		Ultrasound	
Specify quadrants:		Shoulder: left		Ultrasound: left shoulder joint	
Teeth: more than one quadrant		Shoulder: right		Ultrasound: right shoulder joint	
Specify quadrants:		Humerus: left		Ultrasound study: upper abdomen	
Teeth: full mouth		Humerus: right		Ultrasound: abdomen and pelvis	
Temporo-mandibular joint: left		Elbow: left		Ultrasound: pelvis transabdominal	
Temporo-mandibular joint: right		Elbow: right		Ultrasound: pregnant uterus	
Mastoids: left		Forearm: left		For advanced radiology tests not included on this form, please contact 0860 436 777 and request an authorisation number.	
Mastoids: right		Forearm: right			
Mastoids: right and left		Hand: left			
Thorax		Hand: right			
Chest: pa		Finger: specify			
Chest: lateral		Wrist: left			
Chest : pa and lateral		Wrist: right			
Ribs		Scaphoid: left			
Abdomen		Scaphoid: right			
Abdomen		Lower limb			
Abdomen: multiple views incl chest		Lower leg: left			
Specify views:		Lower leg: right			
Abdomen: supine and erect or decubitus		Ankle: left			
Spine		Ankle: right			
Spine scoliosis view: ap only		Foot: left			
Cervical spine: ap		Foot: right			
Cervical spine: lateral		Calcaneus: left			
Thoracic spine: ap		Calcaneus: right			
Thoracic spine: lateral		Both feet standing: single view			
Lumbar spine: ap		Toe: specify			
Lumbar spine: lateral		Femur: left			
Sacrum and coccyx		Femur: right			
Sacroiliac joints		Knee: left ap			