

Radiology Request Form

Beryl



Section A: Referring Family Practitioner Details

Name											
Surname											
Email											
Tel no.						Fax no.					
Practice no.						Practitioner Signature					

Section B: Patient Details

Member no.						Dependant code					
Surname											
First name											
Date of birth	DDMMYYYY					Gender	MF				
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. For advanced radiology tests not included on this form, please contact 0860 436 777 and request an authorisation number.					
Skull and brain		Ref price	Spine cont.	Ref price	Lower limb cont.
Skull			Lumbar spine: lateral		Calcaneus: right
Facial bones and nasal bones			Sacrum and coccyx		Both feet standing: single view
Facial bones			Sacroiliac joints		Toe: specify
Nasal bones			Pelvis and hips		Femur: left
Orbits and paranasal sinuses			Pelvis		Femur: right
Orbits			Hip: left		Knee: left ap
Paranasal sinuses			Hip: right		Knee: left lateral
Paranasal sinuses: 2 views			Pelvis and hips		Knee: right ap
Mandible, teeth and maxilla			Upper limb		Knee: right lateral
Mandible			Clavicle: left		Knee including patella: left
Teeth: single quadrant			Clavicle: right		Knee including patella: right
Specify quadrants:			Scapula: left		Patella: left
Teeth: more than one quadrant			Scapula: right		Patella: right
Specify quadrants:			Acromio-clavicular joint: left		Both knees standing: single view
Teeth: full mouth			Acromio-clavicular joint: right		Sesamoid bones: left
Temporo-mandibular joint: left			Shoulder: left		Sesamoid bones: right
Temporo-mandibular joint: right			Shoulder: right		Ultrasound
Mastoids: left			Humerus: left		Ultrasound: left shoulder joint
Mastoids: right			Humerus: right		Ultrasound: right shoulder joint
Mastoids: right and left			Elbow: left		Ultrasound study: upper abdomen
Thorax			Elbow: right		Ultrasound: abdomen and pelvis
Chest: pa			Forearm: left		Ultrasound: pelvis transabdominal
Chest: lateral			Forearm: right		Ultrasound: pregnant uterus
Chest: pa and lateral			Hand: left		Miscellaneous
Ribs			Hand: right		Ultrasound soft tissue, any region.
Abdomen			Finger: specify		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc
Abdomen			Wrist: left		Breast
Abdomen: multiple views incl chest			Wrist: right		X-ray mammography including ultrasound
Specify views:			Scaphoid: left		Vascular
Abdomen: supine and erect or decubitus			Scaphoid: right		Intravascular ultrasound per case, arterial or venous for intervention
Ultrasound study of the renal tract including bladder			Lower limb		List additional test required:
Spine			Lower leg: left		
Spine scoliosis view: ap only			Lower leg: right		
Cervical spine: ap			Ankle: left		Authorisation number:
Cervical spine: lateral			Ankle: right		
Thoracic spine: ap			Foot: left		Clinical information
Thoracic spine: lateral			Foot: right		
Lumbar spine: ap			Calcaneus: left		