

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 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. 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.	Ref price
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			