

# 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  |                             |
| <b>Facial bones and nasal bones</b>   |           | Hip: left                       |           | Knee: right ap  |                             |
| Facial bones  |           | Hip: right                      |           | Knee: right lateral   |                             |
| Nasal bones   |           | Pelvis and hips                 |           | Knee including patella: left  |                             |
| <b>Orbits and paranasal sinuses</b>   |           | <b>Upper limb</b>               |           | 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  |                             |
| <b>Mandible, teeth and maxilla</b>  |           | Scapula: right                  |           | Sesamoid bones: left  |                             |
| Mandible  |           | Acromio-clavicular joint: left  |           | Sesamoid bones: right   |                             |
| Teeth: single quadrant  |           | Acromio-clavicular joint: right |           | <b>Ultrasound</b>   |                             |
| <b>Specify quadrants:</b>   |           | Shoulder: left                  |           | Ultrasound: left shoulder joint   |                             |
| Teeth: more than one quadrant   |           | Shoulder: right                 |           | Ultrasound: right shoulder joint  |                             |
| <b>Specify quadrants:</b>   |           | 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 <b>0860 436 777</b> and request an authorisation number. |                             |
| Mastoids: right   |           | Forearm: right                  |           |   |                             |
| Mastoids: right and left  |           | Hand: left                      |           |   |                             |
|   |           | Hand: right                     |           |   |                             |
| <b>Thorax</b>   |           | Finger: specify                 |           | <b>List additional test required:</b>   |                             |
| Chest: pa   |           | Wrist: left                     |           |   |                             |
| Chest: lateral  |           | Wrist: right                    |           |   |                             |
| Chest : pa and lateral  |           | Scaphoid: left                  |           |   |                             |
| Ribs  |           | Scaphoid: right                 |           |   |                             |
| <b>Abdomen</b>  |           | <b>Lower limb</b>               |           |   |                             |
| Abdomen   |           | Lower leg: left                 |           |   |                             |
| Abdomen: multiple views incl chest  |           | Lower leg: right                |           |   |                             |
| <b>Specify views:</b>   |           | Ankle: left                     |           |   |                             |
| Abdomen: supine and erect or decubitus  |           | Ankle: right                    |           |   |                             |
| <b>Spine</b>  |           | Foot: left                      |           | <b>Authorisation number:</b>  |                             |
| Spine scoliosis view: ap only   |           | Foot: right                     |           |   |                             |
| Cervical spine: ap  |           | Calcaneus: left                 |           |   |                             |
| Cervical spine: lateral   |           | Calcaneus: right                |           |   |                             |
| Thoracic spine: ap  |           | Both feet standing: single view |           |   | <b>Clinical information</b> |
| Thoracic spine: lateral   |           | Toe: specify                    |           |   |                             |
| Lumbar spine: ap  |           | Femur: left                     |           |   |                             |
| Lumbar spine: lateral   |           | Femur: right                    |           |   |                             |
| Sacrum and coccyx   |           | Knee: left ap                   |           |   |                             |
| Sacroiliac joints   |           |                                 |           |   |                             |