Radiology Request Form

Tanzanite One

gems
Government Employees Medical Scheme

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 D D M M Y Y Y Y Gender M F

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.

	Thorax	Ref price		**Upper limb cont**	Ref price		**Ultrasound abdomen and pelvis**	Ref price
	X-ray of the chest, single view - lateral			Elbow: left			Ultrasound study of the pregnant uterus, first trimester	
	X-ray of the chest two views, PA and lateral			Elbow: right			Ultrasound study of the pregnant uterus, third trimester, follow-up visit	
	X-ray of the ribs			Forearm: left			Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	
	Abdomen			Forearm: right			**Miscellaneous**	
	X-ray of the abdomen			Hand: left				
	X-ray of the abdomen supine and erect, or decubitus			Hand: right			High definition (small parts) scan. Thyroid, breast lump, scrotum, etc	
	Spine			Finger: specify			**Ultrasound of the breast**	
	X-ray of the cervical spine, one or two views - AP			Wrist: left			X-ray mammography including ultrasound	
	X-ray of the thoracic spine, one or two views - AP			Wrist: right			X-Ray Mammography Unilateral	
	X-ray of the lumbar spine, one or two views - AP			Scaphoid: left			For advanced radiology tests not included on this form, please contact **0860 436 777** and request an authorisation number.	
	Pelvis and hips			Scaphoid: right				
	Pelvis			**Lower limb**				
	Hip: left			X-ray of the left lower leg			**List additional test required:**	
	Hip: right			X-ray of the right lower leg				
	Pelvis and hips			X-ray of the left ankle				
	Upper limb			X-ray of the right ankle				
	Clavicle: left			X-ray of the left foot				
	Clavicle: right			X-ray of the right foot				
	Scapula: left			X-ray of the left calcaneus			**Authorisation number:**	
	Scapula: right			X-ray of the right calcaneus				
	Acromio-clavicular joint: left			X-ray of the left femur				
	Acromio-clavicular joint: right			X-ray of the right femur			**Clinical information**	
	Shoulder: left			X-ray of the left knee one or two views - AP				
	Shoulder: right			X-ray of the right knee one or two views - AP				
	Humerus: left			X-ray of the left knee including patella				
	Humerus: right			X-ray of the right knee including patella				