Radiology Request Form

Tanzanite One and Beryl

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. Dependent 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 specifc 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	
	Tempero-mandibular joint: left			Elbow: left			Ultrasound: pelvis transabdominal	
	Tempero-mandibular joint: right			Elbow: right			Ultrasound: pregnant uterus	
	Mastoids: left			Forearm: left				
	Mastoids: right			Forearm: right			For advanced radiology tests not included on this form, please contact **0860 436 777** and request an authorisation number.	
	Mastoids: right and left			Hand: left				
	Thorax			Hand: right				
	Chest: pa			Finger: specify			**List additional test required:**	
	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			**Authorisation number:**	
	Cervical spine: ap			Foot: right				
	Cervical spine: lateral			Calcaneus: left				
	Thoracic spine: ap			Calcaneus: right			**Clinical information**	
	Thoracic spine: lateral			Both feet standing: single view				
	Lumbar spine: ap			Toe: specify				
	Lumbar spine: lateral			Femur: left				
	Saccrum and coccyx			Femur: right				
	Sacroiliac joints			Knee: left ap				