parklane radiology

NETCARE PARK LANE HOSPITAL
Lower Ground Floor
12 Junction Avenue, Parktown
Tel: 011 484 4642

X-RAY REQUEST FORM

Patient Name: .....

Medical Aid: ..... Medical Aid Number: .....

STUDY REQUIRED

- ☐ SKULL
- ☐ MANDIBLE
- ☐ SINUSES
- ☐ PNS
- ☐ SHOULDER
- ☐ HUMERUS
- ☐ FOREARM
- ☐ ELBOW
- ☐ HAND
- ☐ WRIST
- ☐ CHEST
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ HIP
- ☐ FEMUR
- ☐ KNEE
- ☐ TIB-FIB
- ☐ ANKLE
- ☐ FOOT
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE

ULTRASOUND

- ☐ PREGNANCY
- ☐ THYROID
- ☐ VASCULAR
- ☐ BREAST
- ☐ JOINT
- ☐ SCROTAL
- ☐ SOFT TISSUE
- ☐ ABDOMEN & PELVIS

CT

- ☐ ABDOMEN (KUB) / NON CONTRAST
- ☐ ABDOMEN & PELVIS PRE & POST
- ☐ SINUSES
- ☐ CHEST (HRCT)
- ☐ CHEST PRE & POST
- ☐ BRAIN NON CONTRAST
- ☐ BRAIN PRE & POST
- ☐ TEMPORAL BONES
- ☐ NECK
- ☐ CT PULMONARY ANGIOGRAM

History / Clinical Findings

☐ **URGENT**

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REFERRING DOCTOR:

Name: ..... ICD 10 Code: .....

Signature: ..... Date: .....

A valid Medical Aid card as well as the main member's I.D. number are required
Authorisation by the medical Aid has to be arranged by the patient.

Lithotech SJ 011 474 1828 REM003/5 04/13