



National Radiology Services

• Reg. No: 2004/009411/21

DIAGNOSTIC RADIOLOGISTS | DIAGNOSTIESE RADIOLOË | UDOKOTELA WE-XRAY

VAT No: 4840211868 • PR No: 038 000 014 5459 • BBBEE Status Level 2

N17 Hospital
7 Tonkometer Road
Pollak Park, Springs
Tel: 011 815 2814 / 6409 / 2258
Fax: 011 815 1099

Lenmed Clinic
Off K53 Highway
Marlin Ave, Lenasia
Tel: 011 852 8820 / 1 / 2
Fax: 011 852 8823

Waterfall Clinic
Allendale Rd
Waterfall Estate
Tel: 011 304 6670
Fax: 011 815 1151

Accounts Department
Private Bag X1, Selcourt, 1567
Tel: 011 422 2338
Fax: 086 525 9371
ranchodnjogi@mweb.co.za

REQUEST FOR X-RAY EXAMINATION | AANVRAAG VIR X-STRAAL ONDERSOEK

OUT PATIENTS BUITE PASIENT		WARD PATIENTS HOSPITAAL PASIENT		EMAIL:	
-------------------------------	--	------------------------------------	--	--------	--

WALKING IN INSTAP		WHEELCHAIR RYSTOEL		TROLLEY TROLLIE		BED		PORTABLE MOBIELE EENHEID	
----------------------	--	-----------------------	--	--------------------	--	-----	--	--------------------------------	--

PATIENT'S NAME PASIENT SE NAAM	
REFERRING DR. VERWYSENDE DR.	
REFERRING DR ICD 10 CODE VERWYSENDE DR ICD 10 KODE	
MEDICAL AID FUND & NO. MEDIËSE FONDS & NR.	

CLINICAL PARTICULARS KLINIESE BESONDERHEIDE

EXAMINATION REQUIRED ONDERSOEK VERLANG			
GENERAL X-RAY		SCREENING	
ULTRASOUND		DOPPLER	
C.T. SCAN		OTHER	
M.R.I. SCAN			
MAMMOGRAPHY		BONE DENSITY	

SIGNATURE HANDTEKENING		DATE DATUM	
---------------------------	--	---------------	--