



JOHANNESBURG

Netcare Garden City Hospital
35 Bartlett Road
Mayfair West
011 839 1607/8
011 495 5000 A/H

KRUGERSDORP

Netcare Krugersdorp Hospital
9 Burger Street
Krugersdorp
011 953 1384/6
011 951 0200 A/H

ACCOUNTS

15 Lawley Avenue
Northcliff
Info@xraydev.co.za
www.imageproradiology.co.za
011 888 1700

Registration No: 2012/037745/21 Practice Number: 380 2590 VAT Reg. No: 4530116781

REQUEST FOR RADIOLOGY

Examination	General	Bone Density	Ultra Sound	Mammo	MRI	CT Scan	Other
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Date	D	D	M	M	Y	Y	Y	Y
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Time		
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☐ Netcare Garden City Hospital
☐ Netcare Krugersdorp Hospital

Patient's name	
Referring doctor	
Medical Aid fund and number <i>(Card to be presented)</i>	
Clinical particulars	

Please provide ICD 10 Code	
Examination required	

Copy to		Practice No.
Signature		

NB A valid Medical Fund card as well as the main member's I.D. number is required. Private Patients must render payment immediately. For MRI or CT please phone your medical aid for authorisation, it is your responsibility.

DIRECTORS

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