

RADIOLOGY REQUEST

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SPECIALIST RADIOLOGISTS

Dr JM Kabongo
Dr LA Madisha
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ACCESSION NUMBER: _____

APPOINTMENT TIME: _____

PATIENT DETAILS

Surname: _____ Name: _____ Title: Mr / Mrs / Ms / Child
 Postal Address: _____ DOB: _____
 _____ Sex: _____ LMP: _____
 Medical Aid Name: _____ Med Aid No: _____
 Main Member Surname: _____ Initials: _____

CLINICAL HISTORY

ICD 10: _____ IODINE ALLERGY: _____

RADIOLOGY REQUEST

MARK WITH X IN BOX

MRI	CT	BONE DENSITY	SONAR	MAMMOGRAM	X-RAYS	FLUOROSCOPY

NATURE OF EXAM

REFERRING DOCTOR SIGNATURE: _____ DATE: _____

REFERRING DOCTOR PRACTICE STAMP: _____

ERAD Walvis Bay
 Welwitschia Hospital
 DR Putch Harris Drive
 Walvis Bay
 +264 64 218 914/935

ERAD Otjiwarongo
 Erf 1958
 Hage Geingob Str,
 Otjiwarongo
 +264 67 307 526

ERAD Lüderitz
 Erf 208
 1 Schinz Street,
 Lüderitz
 +264 63 202 022

ERAD Swakopmund
 Burgers Park
 Swakopmund
 +264 64 462022

ERAD Arandis
 NIMT Campus
 Arandis
 +264 64 512380