RADIOLOGY REQUEST

ERAD
Leading Radiology

NAMAF: 038 000 0517828
Email: radiology@eradradiology.com
Website: www.eradradiology.com

SPECIALIST RADIOLOGISTS

ACCESSION NUMBER: .....

PATIENT DETAILS

Name and Surname: ..... Initials: ..... Title: Mr / Mrs / Ms / Child

DOB: ..... Sex: ..... LMP: .....

Postal Address: .....

Medical Aid Name: ..... Medical Aid No: .....

Main Member Surname: ..... Initials: .....

CLINICAL HISTORY

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ICD 10: ..... Iodine Allergy: .....

STUDY REQUEST

MARK WITH X IN BOX

MRI	CT	BONE DENSITY	SONAR	MAMMOGRAPHY	X-RAYS	THEATRE X-RAYS	FLUOROSCOPY

NB: All IV contrast studies require Urea & Creatine testing which the patient must bring along for booking/procedure!

NATURE OF EXAM

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Referring Doctor Name: ..... Signature: .....

Practice Number: ..... Date: ..... / ..... / .....

WHERE TO FIND US

ERAD Walvis Bay	ERAD Rhino Park	ERAD WB Medixx	ERAD Swakopmund	ERAD Arandis	ERAD Otjiwarongo	ERAD Lüderitz
Welwitschia Hospital Premises, Dr Putch Harris Drive +264 64 218 935	Rhino Park Hospital Premises, 45 Rhino Street +264 61 375150	Hidipo Hamutenya Drive +264 64 221 050	Burgers Park, Einstein Street +264 64 462022	NIMT Campus +264 64 512 380	Erf 2504, Hage Geingob Street +264 67 307 526	Erf 208, 1 Schinz Street +264 63 202022
WALVIS BAY	WINDHOEK	WALVIS BAY	SWAKOPMUND	ARANDIS	OTJIWARONGO	LÜDERITZ