

RADIOLOGY REQUEST



ERAD
Leading Radiology

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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

CT	BONE DENSITY	SONAR	X-RAYS	THEATRE X-RAYS	FLUOROSCOPY
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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 Rhino Park	ERAD Walvis Bay	ERAD WB Medixx	ERAD Swakopmund	ERAD Arandis	ERAD Otjiwarongo	ERAD Lüderitz
Rhino Park Hospital Premises, 45 Rhino Street +264 61 375150	Welwitschia Hospital Premises, Dr Putsch Harris Drive +264 64 218 935	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
WINDHOEK	WALVIS BAY	WALVIS BAY	SWAKOPMUND	ARANDIS	OTJIWARONGO	LÜDERITZ