

Radiology request form

Patient's details

Principal member's full name	<input type="text"/>		
Patient's full name	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Medical scheme	<input type="text"/>	Option name	<input type="text"/>
Membership number	<input type="text"/>	Dependant code	<input type="text"/>
Patient's ID number/date of birth	<input type="text"/>	Cell number	<input type="text"/>
Postal address	<input type="text"/>		

Referring General Practitioner's information

Doctor's name	<input type="text"/>	Practice number	<input type="text"/>
Telephone number	<input type="text"/>	ICD-10 code	<input type="text"/>
Email address	<input type="text"/>		

Code	Tick	Description
Arms and shoulders		
61100	<input type="checkbox"/>	X-Ray Of The Left Clavicle
61105	<input type="checkbox"/>	X-Ray Of The Right Clavicle
61110	<input type="checkbox"/>	X-Ray Of The Left Scapula
61115	<input type="checkbox"/>	X-Ray Of The Right Scapula
61120	<input type="checkbox"/>	X-Ray Of The Left Acromioclavicular Joint
61125	<input type="checkbox"/>	X-Ray Of The Right Acromioclavicular Joint
61130	<input type="checkbox"/>	X-Ray Of The Left Shoulder
61135	<input type="checkbox"/>	X-Ray Of The Right Shoulder
62100	<input type="checkbox"/>	X-Ray Of The Left Humerus
62105	<input type="checkbox"/>	X-Ray Of The Right Humerus
63100	<input type="checkbox"/>	X-Ray Of The Left Elbow
63105	<input type="checkbox"/>	X-Ray Of The Right Elbow
64100	<input type="checkbox"/>	X-Ray Of The Left Forearm
64105	<input type="checkbox"/>	X-Ray Of The Right Forearm
Hand and wrist		
65100	<input type="checkbox"/>	X-Ray Of The Left Hand
65105	<input type="checkbox"/>	X-Ray Of The Right Hand
65120	<input type="checkbox"/>	X-Ray Of A Finger
65130	<input type="checkbox"/>	X-Ray Of The Left Wrist
65135	<input type="checkbox"/>	X-Ray Of The Right Wrist
65140	<input type="checkbox"/>	X-Ray Of The Left Scaphoid
65145	<input type="checkbox"/>	X-Ray Of The Right Scaphoid
Legs and knees		
71100	<input type="checkbox"/>	X-Ray Of The Left Femur
71105	<input type="checkbox"/>	X-Ray Of The Right Femur
72100	<input type="checkbox"/>	X-Ray Of The Left Knee One Or Two Views
72105	<input type="checkbox"/>	X-Ray Of The Right Knee One Or Two Views
73100	<input type="checkbox"/>	X-Ray Of The Left Lower Leg
73105	<input type="checkbox"/>	X-Ray Of The Right Lower Leg
72150	<input type="checkbox"/>	X-Ray Both Knees Standing - Single View

Code	Tick	Description
Foot and ankle		
74145	<input type="checkbox"/>	X-Ray Of A Toe
74100	<input type="checkbox"/>	X-Ray Of The Left Ankle
74105	<input type="checkbox"/>	X-Ray Of The Right Ankle
74120	<input type="checkbox"/>	X-Ray Of The Left Foot
74125	<input type="checkbox"/>	X-Ray Of The Right Foot
74130	<input type="checkbox"/>	X-Ray Of The Left Calcaneus
74135	<input type="checkbox"/>	X-Ray Of The Right Calcaneus
Chest		
30100	<input type="checkbox"/>	X-Ray Of The Chest, Single View
30110	<input type="checkbox"/>	X-Ray Of The Chest Two Views, PA & Lateral
30150	<input type="checkbox"/>	X-Ray Of The Ribs
30155	<input type="checkbox"/>	X-Ray Of The Chest And Ribs
Pregnancy: 1 per pregnancy		
43250	<input type="checkbox"/>	Ultrasound Of The Pregnant Uterus, First Trimester
Spine		
51110	<input type="checkbox"/>	X-Ray Of The Cervical Spine, 1 Or 2 Views
52100	<input type="checkbox"/>	X-Ray Of The Thoracic Spine, 1 Or 2 Views
53110	<input type="checkbox"/>	X-Ray Of The Lumbar Spine, 1 Or 2 Views
Abdomen		
40100	<input type="checkbox"/>	X-Ray Of The Abdomen
40105	<input type="checkbox"/>	X-Ray Of The Abdomen Supine & Erect, Or Decubitus
Pelvis and hip		
55100	<input type="checkbox"/>	X-Ray Of The Pelvis
56100	<input type="checkbox"/>	X-Ray Of The Left Hip
56110	<input type="checkbox"/>	X-Ray Of The Right Hip
56120	<input type="checkbox"/>	X-Ray Pelvis And Hips

Clinical information and/or test required (all tests not listed above will be for the patient's own cost):

Patient's signature	<input type="text"/>	Doctor's signature	<input type="text"/>
---------------------	----------------------	--------------------	----------------------

Please see GP guide for additional radiology benefits for Momentum Medical Scheme Ingwe Option members