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DEAR COLLEAGUE / GEAGTE KOLLEGA	DATE / DATUM
HEREWITH MR./MRS./MISS. HIERMEE MNR./MEV./MEJ.	
MEDICAL AID SCHEME MEDIËSE FONDS	
NUMBER NOMMER	
CLINICAL DATA KLINIESE GEGEWENS	
ICD 10 CODE	
EXAMINATION REQUIRED / ONDERSOEK	
<input type="radio"/> X-RAY X-STRAAL	
<input type="radio"/> ULTRASOUND SONAR	
<input type="radio"/> DOPPLER	
<input type="radio"/> INTERVENTIONAL RADIOLOGY INTERVENSIERADIOLOGIE	
<input type="radio"/> ANGIOGRAPHY VENOGRAPHY	
<input type="radio"/> CT / RT	
<input type="radio"/> MAMMOGRAPHY MAMMOGRAFIE	
<input type="radio"/> MRI	
<input type="radio"/> BONE DENSITOMETRY BEEN DIGTHEID	
<input type="radio"/> OTHER ANDER	
<input type="radio"/> URGENT DRINGEND	
<input type="radio"/> PHONE REPORT BEL MET VERSLAG	
REFERRED BY / VERWYS DEUR	SIGNATURE / HANDTEKENING

APPOINTMENT • AFSPRAAK

DATE / DATUM _____ TIME / TYD _____

A valid Medical Fund card as well as the main member's I.D. number are required. Private patients must render payment immediately unless previous arrangements have been made. For MRI and CT please phone your medical aid for authorisation.

'n Geldige Mediese Fondskaart sowel as die hooflid se I.D. nommer word benodig. Privaatpasiënte moet die rekening direk vereffen tensy anders ooreengekom. Bel asseblief u mediese fonds vir goedkeuring van MRI of RT ondersoeke.

For your convenience, please complete reverse side prior to arrival or fax to reception / Vir u gerief, vul asseblief die keersy in voordat u aankom, of faks dit na ontvangs.