

PRIVATE GP X-RAY REQUEST FORM

**Patient Details**

I.D. No \_\_\_\_\_  
 Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Locality \_\_\_\_\_  
 Phone H \_\_\_\_\_ M \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

This form must be presented together with personal ID at reception on arrival to a Health Centre.

Non-urgent cases must phone the respective health centre for an appointment

\*X-rays are justified by practitioner (Radiologist or Radiographer) according the referral guidelines RP118.

**Clinical Details**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What clinical query do you want answered?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remark** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Confirm  Exclude  Follow up

**Region and Examination Details**

Region \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LMP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Choose Procedure Priority:**

Urgent  Elective

Request Indication accepted by Practitioner (Code)

Performing Radiographer's signature

**Referrer Details**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_  
 Signature \_\_\_\_\_ Medical Reg No \_\_\_\_\_  
 Rubber Stamp \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_