

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 ____/____/____