MOTSHUDI, BERGMAN, ROSS INCOPORATED
RADIOLOGISTS

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PRACTICE NUMBER 0586846

VAT NUMBER 4390201632

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Netcare Pinehaven Hospital, 1 Gateway Road, Pinehaven Estate, Krugersdrop 1720 Tel: (010) 410-5777

Accounts: Unit 9A, N1 City Mews, Manus Gerber Road, N1 City 7460 Tel: (021)595-2515 Fax: (021) 595-1770 Postal Address PO Box 12716, N1 City, 7463

Request for Imaging Examination

PINEHAVEN - Radiographer on call: 072 255 2102

Date:	Date of Birth:
Name:	ICD 10 Code
Medical Aid.	Medical Aid No.
Tariff Code	Authorisation No.:

Clinical Particulars

Please tick the following:

☐ X-RAY ☐ ULTRASOUND ☐ SCREENING ☐ BMD ☐ CT SCAN ☐ MRI ☐ MAMMOGRAM

Telephone ☐ Fax ☐

Ref. Doctor _____

Signature _____

Results: Tel No: _____

Fax No: _____

Practice No: _____

INDEMNIFICATION AND CONSENT

I hereby give consent to the injection or administration of any Radiology contrast media or medication which may be necessary for the performance of my radiology examination. ☐

Notwithstanding any Medical Aid Society or other organisation's undertaking, I acknowledge personal responsibility for the payment of the account within 30 days. ☐

As a Private Patient and Patients without a valid medical aid, I agree to pay for the procedure/examination on the day. ☐

I authorise and give consent to Bergman Ross & Partners to release my medical reports, diagnostic images and referral letters for the purpose of mediating my radiology account with my medical aid as well as my referring doctor and other specialists. ☐

I hereby give consent to disclose the diagnostic codes (regarding my illness) to either my medical aid or government institution for statistical purposes, as well as 3rd parties as per conditions of the POPI (PAIA) Act of 2013. YES | NO

Patient Signature: _____

Patient Name: _____

Date: _____