

3 PROCEDURES REFERRAL FORM

January 2021

Price List: For a full list of the procedures that we perform and updated Price List, please scan the QR Code on top right or please WhatsApp the keyword **PPRICE** to **083-440-1118**.

Payment Methods: We accept medical aid, cash, debit and credit cards. **Other Payment Methods and Cards:** We also accept Netcare Plus vouchers; MediWallet; OYI; RCS; and other cards from major retail stores like Foschini; Pick 'n Pay; Truworths; Game; Makro; Builders Warehouse; Supa Quick; IEMAS; Pretorium Trust; and many more.

Minor Procedures: Removal of foreign body from the ear; eye and nose; ear syringing; stitching of lacerations and removal of stitches; tongue tie; lipomas and ganglions; keloids; warts; incision and drainage of abscess; marsupialisation of batholiths abscess and cysts; biopsies; fine needle aspiration/FNA; lumbar puncture/LP; pleural tap; knee joint aspiration and intra-articular joint aspiration; fractures and application or removal of plaster/POP and many more. **FREE Circumcisions:** 10 years and older, including adults. **Affordable Circumcisions:** Neonates, infants and children. **Safe and Legal Abortion:** Medical and surgical abortion up to 20 weeks; MVA and post abortion care. **Sexual Reproductive Health:** Affordable insertion of contraceptive implants/implanon and IUD/loop/copper T; Removal of implants/implanon/norplant and Jadelle; Colposcopy, tubal ligation and vasectomy. **Gastroenterology:** Gastroscopy and colonoscopy and ligation of external haemorrhoids.

Order Forms: To request delivery of referral pads, please WhatsApp the keyword **PREFERRAL** to **083-440-1118**.

Patient Details

Names:		Surname:	
Telephone:		Mobile:	
Email:			

Referring Practice Details

Practice Name:		Practice No:	
Telephone:		Mobile:	
Email:			

Clinical History

Procedure Required

How would you like to receive your report? Electronic Access CD By Hand Telephonic

Email Address _____

Do you require more referral pads? Yes No Would you prefer an electronic referral form? Yes No

 Referring Practitioner's Name Mobile Number

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 Date Signature