

Lister Clinic | Dr. Maphisa & Partners Inc. 3rd Floor: Doctors | Women's Clinic 4th Floor: X-Rays/Radiology Lister Medical Centre 195 Rahima Moosa (Jeppe) Street Johannesburg 2001 24-Hour Information Centre Telephone: 087-551-1432 WhatsApp: 083-440-1118 Free SMS: 30895 (*No airtime required*) Facebook & Google: Lister Clinic E-mail: Info@listerclinic.com www.listerclinic.com

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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; lumber puncture/LP; pleural tap; knee joint aspiration and intraarticular 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/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 r	eport?	ic Access CD	By Hand Telephonic	
Email Address				
Do you require more referral pads?	Yes No W	Vould you prefer an elect	ronic referral form? Ses No	
Referring Practitioner's Name	Mobile Number	D D M M Date	Y Y Y Y S Signature	

We are committed to an affordable and equal pricing policy for local, regional and international clients. Our affordable prices are subject to change without notice. Errors and Omissions excluded.