

Lister Clinic | X-Ray/Radiology Diagnostic Radiologists 4th Floor 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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X-RAY / RADIOLOGY REFERRAL FORM

January 2021

Price List: For a full list of the investigations that we perform and updated Price List, please scan the QR Code on top right or please WhatsApp the keyword **RPRICE** 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.

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

Patient Details

| Names: | Surname: | |
|------------|----------|--|
| Telephone: | Mobile: | |
| Email: | | |

Referring Practice Details

| Practice Name: | Practice No: | |
|----------------|--------------|--|
| Telephone: | Mobile: | |
| Email: | | |

| GEN | GENERAL X-RAYS - Investigation Required | | | | | | | | | | | | | | | | |
|--|---|--|--------|------------------|--------|----------------------------|--|---|--|--|---------------------------------------|-------------------|------------------|--------|-------------------|-------|--|
| | | | | | | | | | | | Scanogram Required (Hip, Knee, Ankle) | | | | | | |
| ✓ CONTRAST STUDIES | | | | | | | | | | | | | | | | | |
| | IVP VCU | | | | | Angiography | | | | | / | | Venogram | | | | |
| \checkmark | | | | | | | | | | | | | | | | | |
| | Barium Swallow | | | | | Barium Meal | | | | | | | Barium Meal & FT | | | | |
| | HSG | | L | Lumbar Myelogram | | | | | | | | | | | | | |
| \checkmark | / MAMMOGRAPHY | | | | | | | | | | | | | | | | |
| | Screening Mammography Dia | | | | nostic | nostic Mammography Image G | | | | | | e Gu | ided | Biopsy | Breast Ultrasound | | |
| ✓ ULTRASOUND | | | | | | | | | | | | | | | | | |
| | Abdomen | | Pelvis | | | Pregnancy | | | | | | Sex Determination | | | 4D Scan | | |
| | Thyroid Breast | | | | | Vascular Duplex Doplar | | | | | | | Small Parts | | | Other | |
| \checkmark | ✓ Specialised studies will be referred to associated Radiology Departments at special rates | | | | | | | | | | | | | | | | |
| | CT Scan MRI Other - specify | | | | | | | | | | | | | | | | |
| Clinical History | | | | | | | | | | | | | | | | | |
| 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 Date Signature | | | | | | | | e | | | | | | | | | |
| | 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. | | | | | | | | | | | | | | | | |