MORTON & PARTNERS
RADIOLOGISTS
Practice no: 3803325

*For more information about procedures and branches please visit our website*www.morton.co.za

IT/PACS Support: 021 276 2019 (o/h)
083 607 4613 (a/h)
Xero Viewer: mobile.morton.co.za
Portal: portal.morton.co.za

REFERRAL LETTER

PATIENT INFORMATION

PATIENT	
ID NUMBER	DOB: DD / MM / YY
MEDICAL AID	MED AID No:
WCA DATE OF INJURY DD / MM / YY	COMPANY
WARD	DATE DD / MM / YY

URGENT: ☐ PLEASE CONTACT REFERER WITH RESULTS ☐ TEL:

CLINICAL INDICATIONS

ICD 10

☐ XRAY ☐ ULTRASOUND ☐ BMD ☐ MAMMOGRAPHY ☐ INTERVENTION

CT
- ☐ BRAIN
- ☐ FACIAL BONES
- ☐ PARANASAL SINUSES
- ☐ IAMS
- ☐ CORONARY CALCIUM SCORE
- ☐ CHEST
- ☐ HRCT
- ☐ NECK, CHEST, ABDO, PELVIS
- ☐ CHEST ABDO PELVIS
- ☐ ABDOMEN TRIPHASIC
- ☐ ABDO AND PELVIS
- ☐ PELVIS
- ☐ RENAL TRACT FOR STONE
- ☐ COLONOGRAPHY
- ☐ CERVICAL - SPINE
- ☐ THORACIC - SPINE
- ☐ LUMBAR - SPINE

- ☐ SACRUM
- ☐ BONY PELVIS

CT OTHER

CT ANGIOGRAM
- ☐ NECK AND BRAIN VESSELS
- ☐ THORACIC AORTA
- ☐ ABDOMINAL AORTA
- ☐ TAVI
- ☐ AORTA AND OUTFLOW
- ☐ CORONARY ARTERIES
- ☐ PULMONARY ANGIO (CTPA)

CT INTERVENTION
- ☐ CT PLANNING
- ☐ GUIDANCE
- ☐ LOCALISATION
- ☐ ABSCESS/CYST DRAINAGE
- ☐ FNA BIOPSY
- ☐ CUTTING NEEDLE BIOPSY

- ☐ JOINT INJECTION
- ☐ NERVE BLOCK
- ☐ FACET BLOCK
- ☐ SI JOINT BLOCK UNI/BILATERAL
- ☐ LUMBAR PUNCTURE
- ☐ OTHER INTERVENTION

MRI NEURO AND SPINE
- ☐ BRAIN
- ☐ MRA INTRACRANIAL
- ☐ MRA NECK VESSELS
- ☐ HYPOPHYSIS
- ☐ IAMS
- ☐ BRACHIAL PLEXUS
- ☐ LUMBOSACRAL PLEXUS
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM

MRI BODY
- ☐ CHEST
- ☐ LIVER/PANCREAS
- ☐ MRCP
- ☐ MR ENTEROGRAPHY
- ☐ KIDNEYS
- ☐ PELVISPROSTATE
- ☐ WHOLE BODY METS SCREEN

MRI OTHER
- ☐ DIFFUSION
- ☐ SPECTROSCOPY

MRI HEAD AND NECK
- ☐ ORBITS
- ☐ FACE
- ☐ TM JOINTS
- ☐ SALIVARY GLANDS
- ☐ EAR
- ☐ SOFT TISSUE NECK

MRA VESSELS
- ☐ THORACIC AORTA
- ☐ UPPER LIMB ANGIO
- ☐ ABDOMINAL AORTA
- ☐ LOWER LIMB ANGIO

MRI MSK
- ☐ SHOULDER
- ☐ UPPER ARM
- ☐ ELBOW
- ☐ FOREARM
- ☐ WRIST
- ☐ BONY PELVIS
- ☐ HIP JOINTS
- ☐ THIGH
- ☐ KNEE
- ☐ LEG
- ☐ ANKLE
- ☐ FOOT

SIGNATURE : NO SIGNATURE REQUIRED FOR DIGITAL EMAIL SUBMISSIONS

REFERRED BY: Tel: Cell:

PRACTICE No: Email:

- **NO APPOINTMENTS REQUIRED FOR X-RAYS**
- **MRI BOOKINGS ONLY: 021 276 1253**

OPENING HOURS:
Mon - Fri 08h00 - 17h00
Saturdays 08h30 - 12h00
Closed - Sun and Public Holidays

SELECT THE BRANCH REQUIRED BELOW AND WHEN READY CLICK SUBMIT FORM. THE COMPLETED FORM WILL BE ATTACHED TO THE EMAIL GENERATED:

MEDICROSS TABLEVIEW | 0212760402

SUBMIT FORM PLEASE NOTE THAT DIGITAL SUBMISSIONS ARE ONLY PROCESSED DURING NORMAL OPERATING HOURS

PLEASE NOTE:
1. The following is required when arriving for your appointment:
   - ID or passport
   - Medical Aid Card (if applicable)
   - Referral Letter
2. PRIVATE patients & patients without a valid MEDICAL AID card MUST PAY for their procedures on the day.
3. WCA patients MUST BRING A SIGNED & DATED DOCTOR'S REFERRAL & WCL2 FORM as per WCA requirements.