



**RADIOLOGY REQUEST FORM**

PATIENT DETAIL		
FIRST NAME:	SURNAME:	
ID:	DOB:	
MEDICAL AID:	MEDICAL AID NO:	
DATE:	WARD:	
WCA:	DATE OF INJURY:	COMPANY:
PATIENT CONTACT NUMBER:		PATIENT EMAIL:
<b>URGENT</b>	<b>PLEASE CALL REFERRER WITH RESULTS</b>	<b>CELL</b>

EXAMINATION REQUESTED:	ICD 10 CODES:

CLINICAL INDICATION/MOTIVATION:																												
<b>COVID-19 INDICATIONS (required) :</b>																												
<table border="0"> <tr> <td>Person under investigation:</td> <td>Yes</td> <td>No</td> <td>Acute respiratory illness</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Being tested for COVID-19:</td> <td>Yes</td> <td>No</td> <td>Cough:</td> <td>Yes</td> <td>No</td> </tr> <tr> <td rowspan="3">If yes, result :</td> <td></td> <td></td> <td>Shortness of breath</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td>Sore throat</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> <td>Temperature &gt;38C degrees</td> <td>Yes</td> <td>No</td> </tr> </table>	Person under investigation:	Yes	No	Acute respiratory illness	Yes	No	Being tested for COVID-19:	Yes	No	Cough:	Yes	No	If yes, result :			Shortness of breath	Yes	No			Sore throat	Yes	No			Temperature >38C degrees	Yes	No
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Please note that digital submissions are only processed during normal operating hours.																												
<a href="https://mobile.morton.co.za">https://mobile.morton.co.za</a>																												

Please select the preferred branch for examination:	<b>SUBMIT</b>
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REFERRING DOCTOR TO COMPLETE BELOW		
<b>Signature:</b> Not applicable for digital request form	<b>Referred by:</b>	<b>Practice no:</b>
<b>Referred contact number:</b>	<b>Referred contact email:</b>	

## IMPORTANT INFORMATION FOR OUR PATIENTS

### HOW TO REQUEST IMAGES?

After your procedure, your images will be shared directly with your referring physician via our imaging system. Should you require access to your images, you may request it at the reception desk (after your procedure) or via email at [imaging@morton.co.za](mailto:imaging@morton.co.za).

### FULL SERVICE BRANCHES

Monday – Friday 08:00 – 17:00 Saturday: 08:30 – 12:00	MRI BOOKING ONLY: 021 276 1253 No appointments required for X-RAY
<b>Life Vincent Pallotti</b>	<b>Melomed Bellville</b>
Life Vincent Pallotti Hospital, Alexandra Road, Pinelands 021 531 7635 <a href="mailto:receptionvph@morton.co.za">receptionvph@morton.co.za</a>	Melomed Bellville Hospital, Voortrekker Road, Bellville 021 946 1020 <a href="mailto:receptionbmr@morton.co.za">receptionbmr@morton.co.za</a>
<b>Mediclinic Cape Town</b>	<b>Melomed Gatesville</b>
Mediclinic Cape Town Hospital, 21 Hof Street, Gardens 021 424 2332 <a href="mailto:receptionctmc@morton.co.za">receptionctmc@morton.co.za</a>	Melomed Gatesville Hospital, Clinic Street, Gatesville 021 637 8121 <a href="mailto:receptiongmc@morton.co.za">receptiongmc@morton.co.za</a>
<b>Mediclinic Milnerton</b>	<b>Melomed Mitchells Plain</b>
Mediclinic Milnerton Hospital, Racecourse Road, Milnerton 021 551 6330 <a href="mailto:receptionmmc@morton.co.za">receptionmmc@morton.co.za</a>	Melomed Mitchells Plain, Symphony Walk, Mitchells Plain, 021 276 3610 <a href="mailto:receptionmpr@morton.co.za">receptionmpr@morton.co.za</a>
<b>Rondebosch Medical Centre *</b>	<b>Melomed Tokai and Women’s Imaging Centre</b>
Rondebosch Medical Centre, Klipfontein Road, Rondebosch 021 689 7717 / *08:30 - 17:00 <a href="mailto:receptionrmc@morton.co.za">receptionrmc@morton.co.za</a>	Melomed Tokai Hospital, Main Road, Tokai 021 276 1789 <a href="mailto:receptionmtr@morton.co.za">receptionmtr@morton.co.za</a>

### Netcare Christiaan Barnard and Women’s Imaging Centre

Netcare Christiaan Barnard Hospital, DF Malan Street, Foreshore	021 424 8090 <a href="mailto:receptioncbmh@morton.co.za">receptioncbmh@morton.co.za</a>
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### X-RAY ONLY BRANCHES – NO APPOINTMENTS REQUIRED

Monday - Friday 09:00 - 17:00	Centralised number: 021 276 0402
<b>Intercare Century City (Option 1)</b>	<b>Medicross Kenilworth (Option 4)</b>
Intercare Day Hospital, Park Lane & Century Way	Rosmead Avenue, Kenilworth
<b>Medicross Tableview (Option 2)</b>	<b>Medicross Parow (Option 5)</b>
95 Blaauwberg Road, Tableview	8 McIntyre Road, Parow
<b>Medicross Tokai (Option 3)</b>	<b>Medicross Langeberg (Option 6)</b>
C/o Tokai and Keyser River Drive, Tokai	Joubert Street, Langeberg

### THE FOLLOWING IS REQUIRED WHEN ARRIVING FOR YOUR APPOINTMENT:

1. ID/ Passport/ Driver’s License
2. This form (Radiology Request Form)
3. Medical Aid card (if applicable)
4. Private patients & patients without a valid medical aid card must pay for their procedure on the day
5. WCA Patients must bring a signed and dated doctor’s referral & WCL2 form as per WCA requirements.
6. Please book your appointment at the branch most conveniently located for you, unless instructed otherwise by your physician.
7. Please use our Centralised Booking centre for MRI appointments on 021 276 1253
8. Should you need more information or Google directions to our branches, please visit our website on [www.morton.co.za](http://www.morton.co.za)

