KeyCare radiology request form 2022

Discovery

1. Referring doctor's details

Requesting doctor

BHF Practice number

Tick if this is urgent

Copies to doctor

Date of request

2. Patient details

Surname

First name(s)
(as per identity document)

Initials

Title

Sex M F

Date of birth Y Y Y Y M M D D

Identity number

Cellphone

Fax

Email

Medical aid

Medical aid number

I certify that the above information is correct and give consent for selected tests to be done.

Patient/guardian signature

Date Y Y Y Y M M D D

3. Person responsible for payment of account

Surname

First name(s)
(as per identity document)

Initials

Title

Sex M F

Date of birth Y Y Y Y M M D D

Identity number

Employer

Cellphone

Fax

Email

Post collected from: Suite ☐ PostNet Suite ☐ PO Box ☐ Private Bag ☐ Number

Suburb

City

Region

Code

I undertake to pay all outstanding amounts not covered by the medical scheme. I will be liable for any tests not covered by the KeyCare benefits.

Signature of person responsible for payment

Date Y Y Y Y M M D D

Please only sign if information is true, complete and correct.

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Please note that this form expires on 2022/12/31. Up to date forms are always available on **www.discovery.co.za**

Code	Description (Please tick the relevant box)	Cost
Chest		
30100	☐ X-ray of the chest, single view	R565.80
30110	☐ X-ray of the chest two views, PA and lateral	R714.70
30150	☐ X-ray of the ribs	R891.50
30155	☐ X-ray of the chest and ribs	R1194.80
Abdomen		
40100	☐ X-ray of the abdomen	R617.90
40105	☐ X-ray of the abdomen supine and erect or decubitus	R997.60
Reproductive system		
43250	☐ Ultrasound study of the pregnant uterus, first trimester	R781.70
43260	☐ Ultrasound study of the pregnant uterus, second trimester	R1183.70
43273	☐ Ultrasound study of the pregnant uterus, third trimester uterus, follow-up visit	R781.70
Spine, pelvis and hips		
51110	☐ X-ray of the cervical spine, one or two views	R560.20
52100	☐ X-ray of the thoracic spine, one or two views	R597.40
53110	☐ X-ray of the lumbar spine, one or two views	R662.60
56100	☐ X-ray of the left hip	R591.80
56110	☐ X-ray of the right hip	R591.80
55100	☐ X-ray of the pelvis	R681.20
56120	☐ X-ray pelvis and hips	R1120.40

Code	Description (Please tick the relevant box)	Cost
Upper limbs		
Shoulder		
61100	☐ X-ray of the left clavicle	R565.80
61105	☐ X-ray of the right clavicle	R565.80
61110	☐ X-ray of the left scapula	R565.80
61115	☐ X-ray of the right scapula	R565.80
61120	☐ X-ray of the left acromio-clavicular joint	R584.40
61125	☐ X-ray of the right acromio-clavicular joint	R584.40
61130	☐ X-ray of the left shoulder	R647.70
61135	☐ X-ray of the right shoulder	R647.70
Upper arm		
62100	☐ X-ray of the left humerus	R547.20
62105	☐ X-ray of the right humerus	R547.20
63100	☐ X-ray of the left elbow	R584.40
63105	☐ X-ray of the right elbow	R584.40
Forearm		
64100	☐ X-ray of the left forearm	R547.20
64105	☐ X-ray of the right forearm	R547.20
Wrist and hand		
65130	☐ X-ray of the left wrist	R591.80
65135	☐ X-ray of the right wrist	R591.80
65100	☐ X-ray of the left hand	R573.20
65105	☐ X-ray of the right hand	R573.20
65120	☐ X-ray of a finger	R496.90
65140	☐ X-ray of the left scaphoid	R614.20
65145	☐ X-ray of the right scaphoid	R614.20

Code	Description (Please tick the relevant box)	Cost
Lower limbs		
Femur		
71100	☐ X-ray of the left femur	R547.20
71105	☐ X-ray of the right femur	R547.20
Knee		
72100	☐ X-ray of the left knee one or two views	R515.50
72105	☐ X-ray of the right knee one or two views	R515.50
72120	☐ X-ray of the left knee including patella	R859.80
72125	☐ X-ray of the right knee including patella	R859.80
Lower leg		
73100	☐ X-ray of the left lower leg	R547.20
73105	☐ X-ray of the right lower leg	R547.20
74100	☐ X-ray of the left ankle	R617.90
74105	☐ X-ray of the right ankle	R617.90
74120	☐ X-ray of the left foot	R521.10
74125	☐ X-ray of the right foot	R521.10
74130	☐ X-ray of the left calcaneus	R509.90
74135	☐ X-ray of the right calcaneus	R509.90
74145	☐ X-ray of a toe	R496.90
Other		
34100	☐ X-ray mammography including ultrasound	R1943.00
34101	☐ X-ray mammography unilateral, including ultrasound	R1554.40
34200	☐ Ultrasound study of the breast	R1470.30

Other Test

Clinical information

ICD-10 codes 1. ☐☐☐.☐☐ 2. ☐☐☐.☐☐ 3. ☐☐☐.☐☐ 4. ☐☐☐.☐☐

Referring doctor’s signature ☐ Date Y Y Y Y M M D D

Please only sign if information is true, complete and correct.