KeyCare radiology request form 2021

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 2021/12/31. 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	R545.00
30110	☐ X-ray of the chest two views, PA and lateral	R688.40
30150	☐ X-ray of the ribs	R858.80
30155	☐ X-ray of the chest and ribs	R1151.00
Abdomen		
40100	☐ X-ray of the abdomen	R595.20
40105	☐ X-ray of the abdomen supine and erect or decubitus	R960.90
Reproductive system		
43250	☐ Ultrasound study of the pregnant uterus, first trimester	R753.00
43260	☐ Ultrasound study of the pregnant uterus, second trimester	R1140.20
43273	☐ Ultrasound study of the pregnant uterus, third trimester uterus, follow-up visit	R753.00
Spine, pelvis and hips		
51110	☐ X-ray of the cervical spine, one or two views	R539.60
52100	☐ X-ray of the thoracic spine, one or two views	R575.50
53110	☐ X-ray of the lumbar spine, one or two views	R638.20
56100	☐ X-ray of the left hip	R570.10
56110	☐ X-ray of the right hip	R570.10
55100	☐ X-ray of the pelvis	R656.20
56120	☐ X-ray pelvis and hips	R1079.30

Code	Description (Please tick the relevant box)	Cost
Upper limbs		
Shoulder		
61100	☐ X-ray of the left clavicle	R545.00
61105	☐ X-ray of the right clavicle	R545.00
61110	☐ X-ray of the left scapula	R545.00
61115	☐ X-ray of the right scapula	R545.00
61120	☐ X-ray of the left acromio-clavicular joint	R562.90
61125	☐ X-ray of the right acromio-clavicular joint	R562.90
61130	☐ X-ray of the left shoulder	R623.90
61135	☐ X-ray of the right shoulder	R623.90
Upper arm		
62100	☐ X-ray of the left humerus	R527.10
62105	☐ X-ray of the right humerus	R527.10
63100	☐ X-ray of the left elbow	R562.90
63105	☐ X-ray of the right elbow	R562.90
Forearm		
64100	☐ X-ray of the left forearm	R527.10
64105	☐ X-ray of the right forearm	R527.10
Wrist and hand		
65130	☐ X-ray of the left wrist	R570.10
65135	☐ X-ray of the right wrist	R570.10
65100	☐ X-ray of the left hand	R552.20
65105	☐ X-ray of the right hand	R552.20
65120	☐ X-ray of a finger	R478.70
65140	☐ X-ray of the left scaphoid	R591.60
65145	☐ X-ray of the right scaphoid	R591.60

Code	Description (Please tick the relevant box)	Cost
Lower limbs		
Femur		
71100	☐ X-ray of the left femur	R527.10
71105	☐ X-ray of the right femur	R527.10
Knee		
72100	☐ X-ray of the left knee one or two views	R496.60
72105	☐ X-ray of the right knee one or two views	R496.60
72120	☐ X-ray of the left knee including patella	R828.30
72125	☐ X-ray of the right knee including patella	R828.30
Lower leg		
73100	☐ X-ray of the left lower leg	R527.10
73105	☐ X-ray of the right lower leg	R527.10
74100	☐ X-ray of the left ankle	R595.20
74105	☐ X-ray of the right ankle	R595.20
74120	☐ X-ray of the left foot	R502.00
74125	☐ X-ray of the right foot	R502.00
74130	☐ X-ray of the left calcaneus	R491.20
74135	☐ X-ray of the right calcaneus	R491.20
74145	☐ X-ray of a toe	R478.70
Other		
34100	☐ X-ray mammography including ultrasound	R1871.70
34101	☐ X-ray mammography unilateral, including ultrasound	R1140.20
34200	☐ Ultrasound study of the breast	R1416.30

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.