



**Dr P Hartwig
and
Partners
Radiological Imaging**

Practice Number
056 34 39
Telephone Number
039 797 8416

51 Barker Street
Kokstad
4700

Please email/fax completed form to natalies@kokstad.netcare.co.za Fax: 039 727 4598

Doctor's Name: _____ **Date:** _____

Doctors Email: _____

Copy doctors emails: _____

Doctor's Phone No: _____ **Doctors Practice No:** _____

Patient Name: _____

ID Number: _____

Patient Phone Number: _____

Gender: Male Female Iodine Allergy Other allergies

Medical Aid: _____

Medical Aid Number: _____ **Dependent Code:** _____

Diagnosis: _____ **ICD10 Code:** _____

Weight: _____ **Height:** _____ **Requested Date of Scan:** _____

CT Scan Type/s - Please indicate with or without contrast:

1. _____

2. _____

If contrasted study please supply Creatinine: _____ **eGFR:** _____

Clinical Details:
