

X-RAY AND ULTRASOUND REQUEST FORM

Name: Sex: ☐ M ☐ F LNMP:

I.D. Number: DOB: Date:

Private: ☐ Medical Aid: ☐ Medical Aid Number:

Name of Medical Aid

Tick organ / region to be examined

CODE	PART	TICK	CODE	PART	TICK	CODE	PART	TICK
CHEST AND ABDOMEN			SPINE AND PELVIS			SPECIAL EXAMS		
3445	Chest		3321	Cervical Spine		3399	Barium Swallow	
3449	Chest and Ribs		3321	Thoracic Spine		3403	Barium Meal	
3477	Abdomen		3321	Lumbar Spine		3409	Barium Enema	
3479	Acute Abdomen		3321	Sacrum		3487	IVU	
0000	Thoracic inlet		3321	Coccyx		3499	Urethrogram	
0000	KUB		3327	Whole Sine & Pelvis		3497	Cystogram	
UPPER EXTREMITIES			3317	Skeletal Survey		3425	OCG	
3305	Finger		0000	Pelvis		3519	HSG	
3305	Hand		0000	Hips		3695	Sialogram	
3305	Wrist		0000	Skeletal Survey<5 years old		3603	Sinogram	
3367	Forearm		0000	Skeletal Survey>5 years old		3345	Venogram	
3307	Elbow		HEAD AND NECK			ULTRASOUND		
3307	Humerus		3349	Skull		3627	Abdomen	
3307	Shoulder		3351	Sinuses		3628	Renal Tract	
3307	Calvicle		3385	Post Nasal		3618	Pelvis Transabdominal	
3307	Scapula		3355	Mandible		5100	Pelvis Organs: Transvaginal	
LOWER EXTREMITIES			3367	TMJ		3629	Soft Tissue	
3305	Toe		3353	Facial Bones		3615	Obsetric	
3307	Foot		3357	Nasal Bone		3617	Obsetric F/UP	
3307	Ankle		3359	Mastoids		3629	Thyroid	
3307	Tibia & Fibula		3443	Soft Tissue Neck		3629	Scrotum	
3307	Knee		3468	Thoracic Inlet		3629	Breast	
3307	Femur		3451	Sternum		3629	Prostate Transabdominal	
3307	Hip		3451	Strenoclavicular Jt		0000	Thyroid / Neck	
3331	Pelvis		Other Specify:			0000	Ultrasound Soft Tissue any Region	
3321	Sacroiliac Joints					0000	Neonatal Head Scan	
	Other Specify:					0000	Pleural Space Ultrasound	
						0000	Peripheral Venous Ultrasound Study	
						0000	Peripheral Arterial Ultrasound Vascular Study (GHP)	
						0000	Carotid Ultrasound Vascular Study	

*If you are pregnant or suspect to be pregnant, please inform your doctor or radiographer

Clinical History

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Doctor's Name Practice Number Signature