UMHLANGA
MOLECULAR IMAGING AND THERAPY
Nuclear Medicine Centre of Excellence

Pr No: 0542660 **Dr Masha Maharaj**

PATIENT'S INFORMATION

Title ____ Initial___ Patient's Surname_____
First Name_____
Gender _____ Date of Birth_____ I.D_____

Relation to Member_____ Dependent No _____
Female Patients:
Are you pregnant? Yes/ No LMP_____

PERSON RESPONSIBLE FOR PAYMENT

Title ___ Initial____ Surname _____ First Name_____
ID no _____ Med. Aid Name_____ No _____
Postal Address_____ Code_____
Res. Address_____ Code_____
Tel. (Home) _____ Cell _____ E-mail _____
Employer: (Company Name) _____
Work Address_____
Tel (Work):_____ Fax_____ Occupation_____
Relative/Friend (Not living with Patient) _____ Tel_____
Address of Relative/Friend_____ Code _____

TO BE COMPLETED BY THE REFERING DOCTOR

Please fill in ICD- 10 CODE……

CLINICAL DETAILS/MOTIVATION

A. Examination request (Please send previous x-rays/ CT/MRI on CD if available)
_____

B. Suspected condition (clinical history) necessiting scan:
_____

C. Investigation completed to date for this condition:
_____

Doctor's Name_____ Sign:_____
Tel_____ E-mail Address_____
Pr. No_____ Appointment date/Time_____

Umhlanga, Durban **Suite 5, Medigate Medical centre** **Central bookings: 031 566 3050/1/4482** **infonucmedmolecular@gmail.com**	**Port Shepstone** **Hibiscus Hospital** **039 688 9960** **http://nucmedmolecular.com/**

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