



DIC
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DR. N. PESEV
M.D.; D For S Med., SPEC.
In Diagnostic Radiology (Mak)
Consultant Radiologist /
Ultrasonologist

DR. T. BONDERA
MBChB-UZ, FCRAD-SA,
MMed(RadD) – Stellenbosch

MRI

FLUOROSCOPY

ULTRASOUND

GENERAL X-RAY

CT

DATE:

DDMMYYYY

FULL NAME:

SEX:

☐

Male

☐

Female

DOB:

DDMMYYYY

LMP:

DDMMYYYY

MEDICAL AID:

NO:

IMPORTANT: Please bring your medical aid card / Means of payment

EXAMINATION REQUESTED:

CLINICAL HISTORY

SIGNATURE OF
REFERRING DOCTOR

☐

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