

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

MEDICAL AID NAME AND NUMBER: \_\_\_\_\_

**EXAMINATION REQUESTED**

XRAY <input type="checkbox"/>	Ultrasound <input type="checkbox"/>	Mammography <input type="checkbox"/>	Fluoroscopy <input type="checkbox"/>	Other <input type="checkbox"/>
MRI <input type="checkbox"/>	Apart from X-ray all other examinations require an appointment. Please phone your nearest branch to arrange. Contact details on reverse.			Computerized Tomography (CT) <input type="checkbox"/>

<b>FOR MRI &amp; CT REFERRALS</b>	MAIN MEMBER: _____
	MAIN MEMBER ID: _____
	PATIENT DEPENDENT CODE: _____
	_____

<p><b>FOR MRI PATIENTS:</b>                  Do you have any foreign material in your body:</p> <p><input type="checkbox"/> Cardiac pacemaker</p> <p><input type="checkbox"/> Intracranial Aneurysm Clips</p> <p><input type="checkbox"/> Neurostimulator</p> <p><input type="checkbox"/> Cochlear Implant</p> <p>Other _____</p>
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EXAMINATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLINICAL HISTORY AND SUSPECTED CLINICAL CONDITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR: \_\_\_\_\_ (PLEASE PRINT) PRACTICE No.: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Renal Function if contrast MR/CT and renal risk factors \_\_\_\_\_

Age >60 years

Significant history of renal disease including:

- Dialysis
- Renal Transplant
- Single Kidney
- Renal cancer or surgery
- Hypertension requiring medical therapy
- Diabetes mellitus
- Metformin or metformin-containing medication

**SEE PAGE 2 FOR BRANCH DETAILS AND OTHER INFORMATION.**

## BRANCH INFORMATION

### SCP RADIOLOGY BRACKENFELL

15 Roslyn Street, Brackenfell  
General Enquiries: 021 981 0091  
Fax to email: 086 260 0910  
E-mail: brackenfell@xray.co.za

### SCP RADIOLOGY CAPE GATE

Ground Floor, Mediclinic Cape Gate  
Okavango Avenue, Cape Gate  
General Enquiries: 021 983 1680  
Fax to email: 086 731 7603  
E-mail: capegate@xray.co.za

### CAPE TOWN MRI

Netcare CBMH: 021 276 2306  
Mediclinic Cape Town: 021 424 2332  
E-mail: info@capetownmri.co.za

### SCP RADIOLOGY DURBANVILLE

Ground Floor, Mediclinic Durbanville  
Wellington Road, Durbanville  
MRI Bookings: 021 970 2306  
General Enquiries: 021 975 3962  
Fax to email: 086 731 7589  
E-mail: durbanville@xray.co.za

### SCP RADIOLOGY LOUIS LEIPOLDT

3<sup>rd</sup> Floor, Mediclinic Louis Leipoldt  
MRI: Room 1044, Mediclinic Louis Leipoldt  
Voortrekker Road, Bellville  
MRI Bookings: 021 949 1344  
General Enquiries: 021 948 5951  
E-mail: louisleipoldt@xray.co.za

### SCP RADIOLOGY MALMESBURY

C/o Truter and Duthie Street, Malmesbury  
General Enquiries: 022 482 3539  
Fax to email: 086 260 1138  
E-mail: malmesbury@xray.co.za

### SCP RADIOLOGY PANORAMA

Room G08, Mediclinic Panorama  
Rothschild Boulevard, Panorama  
MRI Bookings: 021 930 2639  
CT Bookings: 021 939 6624  
Fax to email: 086 538 8390  
US/Mammo Bookings: 021 930 4460  
General Enquiries: 021 930 4460  
Fax to email: 086 731 6421  
E-mail: panorama@xray.co.za

### SCP RADIOLOGY

#### PANORAMA HEALTHCARE CENTRE

2nd Floor, Panorama Healthcare Centre  
General enquiries: 021 929 4530  
Fax to email: 086 443 7348  
E-mail: panhealthcare@xray.co.za

### SCP RADIOLOGY PAARL

Room 6, Mediclinic Paarl, Berlyn Street, Paarl  
General Enquiries: 021 872 3049  
Fax to email: 086 260 1200  
E-mail: paarl@xray.co.za

### SCP RADIOLOGY VREDENBURG

Life West Coast Hospital  
Voortrekker Street, Vredenburg  
General Enquiries: 022 713 4431  
Fax to email: 086 731 8688  
E-mail: vredenburg@xray.co.za

### SCP RADIOLOGY VREDENDAL

Suite 14, Koöperasie Street, Vredendal  
General Enquiries: 027 213 4395  
Fax to email: 086 731 8689  
E-mail: vredendal@xray.co.za

## PATIENT INFORMATION

Some imaging procedures require pre-authorisation from your medical aid. Please contact your medical aid administrator for details.  
Female patients please inform the radiology staff should you be pregnant or suspect that you might be pregnant.

## PATIENT PREPARATION INSTRUCTIONS

### Abdominal Ultrasound

Nil per mouth 6 hours prior to exam (eating introduces air into the stomach and bowel, complicating visualisation of the target organs and also causes the gallbladder to collapse).

Water and medication may be taken.

### Kidney/Pelvis Ultrasound

Eat and drink as normal.

Please arrive with a full bladder.

## MRI

Please notify the MRI facility should any of the following be present:

Cardiac pacemakers, intracranial aneurysm clips, neurostimulators, cochlear implants or any ferromagnetic foreign bodies.

Please wear comfortable clothing. You may be asked to change into metal-free clothing.

## CT SCAN

Preparation prior to a CT scan is largely dependent on the region being examined. All preparation procedures will be outlined when making your appointment.

Patient registration forms can be downloaded from [www.scp.co.za](http://www.scp.co.za).

Pr no: 3803279 | Reg. no: 1994/007731/21 | Fax: 086 725 0643 | info@xray.co.za | [www.scp.co.za](http://www.scp.co.za)

### Directors:

Drs. R Truter, RJ Giles, D Calitz, RJ Louw, PAL Steyn, IF van der Merwe, RJ Martin, MA Faki, KM Naidu, HP van Vuuren, JP de Villiers, HH Gajjar, H Viljoen, PJ Greyling, DJ van der Merwe, AJ Macdonald, H Els, SH Theron, E Dirks, AS van der Merwe, L Taillard, BS van der Merwe, RF Ho-Yee, GM Jonathan & JCG Alves

### Assisted by:

Drs. A Buerger, AM du Plessis & HB Schoombee