



Diagnostic Radiologists
 4th Floor
 Lister Medical Centre
 195 Rahima Moosa (Jeppe) Street
 Johannesburg, 2001
 PO Box 4051, Rivonia, 2128

24-Hour Information Centre
 To request an appointment
WhatsApp: 083-708-7895
Standard SMS: 087-240-6666
Send FREE SMS to: 30895 (No airtime required)
Email: Radiology@listerclinic.com
Emergencies: 011-568-3458
Fax: 086 602 2796
www.listerclinic.com



X-RAY / RADIOLOGY REFERRAL FORM 2018

Open 24-Hours including weekends and public holidays | Back-up Power and Water Supply | Please photocopy this pad if you run out of referral forms or use your practice referral pad | Our affordable prices include 15% VAT | For services price list please turn over | We will consider offering certain services pro bono for urgent uninsured and indigent patients. Please attach a motivation on your practice letterhead

Patient Details

Names:		Surname:	
Telephone:		Mobile:	
Email:			

Referring Practice Details

Practice Name:		Practice No:	
Telephone:		Mobile:	
Email:			

GENERAL X-RAYS - Investigation Required			
			<input type="checkbox"/> Scanogram Required (Hip - Knee - Ankle)
✓ CONTRAST STUDIES			
<input type="checkbox"/> IVP	<input type="checkbox"/> VCU	<input type="checkbox"/> Angiography	<input type="checkbox"/> Venogram
✓ FLUOROSCOPY STUDIES			
<input type="checkbox"/> Barium Swallow	<input type="checkbox"/> Barium Meal	<input type="checkbox"/> Barium Meal & FT	
<input type="checkbox"/> HSG	<input type="checkbox"/> Lumbar myelogram		
✓ MAMMOGRAPHY			
<input type="checkbox"/> Screening Mamography	<input type="checkbox"/> Diagnostic Mammography	<input type="checkbox"/> Image Guided Biopsy	<input type="checkbox"/> Breast Ultrasound
✓ ULTRASOUND			
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sex Determination
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Breast	<input type="checkbox"/> Vascular Duplex Doplar	<input type="checkbox"/> Small Parts
✓ Specialised studies will be referred to associated Radiology Departments at special rates			
<input type="checkbox"/> CT scan	<input type="checkbox"/> MRI	<input type="checkbox"/> Other - specify _____	

For prices please see overleaf

Clinical History

How would you like to receive your report? Electronic Access CD By hand Telephonic

Email Address _____

Do you require more referral pads? Yes No Would you prefer an electronic referral form? Yes No

 Referring Practitioner's Name Mobile No Date

D	D	M	M	Y	Y	Y	Y
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 Signature

X-RAY / RADIOLOGY PRICES FOR CASH CLIENTS 2018

HEAD	7am - 7pm	7pm - 7am
Facial Bones	R 450	R 600
Mandible	R 370	R 520
Mastoids	R 890	R 1 040
Nasal Bones	R 290	R 440
Orbits	R 450	R 600
PostNasalSpace	R 280	R 430
Sinuses	R 370	R 520
Skull	R 370	R 520
TM Joints per side	R 390	R 540

NECK	7am - 7pm	7pm - 7am
Cervical Spine AP&Lat	R 410	R 560
Cervical Spine Complete Study	R 890	R 1 040
Soft Tissue X-Ray Neck	R 350	R 500
Sonar Neck	R 620	R 770
Duplex Doppler Carotid	R 1 420	R 1 570

UPPER BODY	7am - 7pm	7pm - 7am
Chest AP	R 310	R 460
Immigration Chest	R 330	R 480
Chest AP & Lat	R 350	R 500
Chest & Ribs	R 700	R 850
Aviation Chest	R 700	R 850
Clavicle	R 320	R 470
FNA / Sonar Guided Biopsy	R 2 470	R 2 920
Lumbar Spine AP&Lat	R 370	R 520
Lumbar Spine with Oblique Views	R 480	R 630
Lumbar Spine with Stress	R 730	R 880
Lumbar Myelogram	R 1 960	R 2 110
Ribs	R 480	R 630
Scapula	R 370	R 520
Sonar Chest	R 680	R 830
Thoracic/Dorsal Spine	R 370	R 520
Mammogram	R 1 000	
Sonar Breast	R 760	R 910.00

FLUOROSCOPY STUDIES	7am - 7pm	7pm - 7am
HSG	R 1 000	R 1 750
Barium Swallow	R 750	R 1 400
Barium Meal	R 1 200	R 1 850
Lumbar Myelogram	R 2 100	R 2 750
IVP	R 2 800	R 3 100
VCU	R 1 600	R 1 900

UPPER LIMB	7am - 7pm	7pm - 7am
Acromio-Clavicular Joint	R 350.00	R 500.00
Elbow	R 350.00	R 500.00
Finger	R 290.00	R 440.00
Forearm	R 350.00	R 500.00
Hand	R 350.00	R 500.00
Humerus	R 350.00	R 500.00
Scaphoid	R 350.00	R 500.00
Shoulder	R 360.00	R 510.00
Shoulder & Impingement Views	R 560.00	R 710.00
Sonar Shoulder	R 560.00	R 710.00

LOWER LIMB	7am - 7pm	7pm - 7am
Ankle	R 350	R 500
Ankle with Stress	R 480	R 630
Femur	R 350	R 500
Foot	R 350	R 500
Foot Standing (Both)	R 350	R 500
Hip	R 350	R 500
Hip & Pelvis	R 530	R 680
Knee	R 350	R 500
Knee with Skyline Views	R 530	R 680
Knee with Stress	R 530	R 680
Scanogram Hip to Knee/Ankle	R 870	R 1 020
Sonar Knee/Ankle/foot	R 870	R 1 020
Duplex Doppler Study per leg	R 1 420	R 1 570
TibFib	R 350	R 500
Toe	R 350	R 500

ABDOMEN	7am - 7pm	7pm - 7am
Abdomen AP	R 350	R 500
Abdomen Erect & Supine	R 470	R 620
Pelvis	R 480	R 630
Sacrum/Coccyx	R 370	R 520
Sonar Abdomen	R 730	R 880
Sonar Abdomen & Pelvis	R 950	R 1 100
Sonar Pelvis	R 650	R 760
Sonar Pregnancy 1st Trimester	R 650	R 760
Sonar Prostate	R 650	R 760
Sonar Scrotum/Testis	R 650	R 760

SPECIALISED STUDIES WILL BE REFERRED TO ASSOCIATED RADIOLOGY DEPARTMENTS AT SPECIAL RATES. PLEASE SEE SEPARATE PRICE LIST.

We are committed to an affordable and equal pricing policy for local, regional and international clients. Our affordable prices are subject to change without notice. Errors & Omissions Excluded. We accept cash, medical aid, debit, credit and selected retail cards. Medical aid clients will be requested to produce their medical aid and ID or passport. Basement parking available in Lilian Ngoyi (Bree) Street.