



RADIOLOGISTS

PR # 3803945

DR RALPH POSNER
DR LEON IZEREL
DR ANTON KOEN
DR PETER NATHANIEL

DR BRETTON WOODS
DR DONOVAN BAM
DR GERNO ROZENDAAL
DR LEE KRAMER

DR ERROL PAPERT
DR BRIAN PAPERT
DR RALPH HURWITZ
DR KATE MAHANGO
DR THATO SEFANYETSO

Accounts and Administration:

122 11th street, Parkmore 2196

◆ Tel: 884-3728

◆ Fax: 884-6322

Box 651460
Benmore
2010

Sandton Medi-Clinic
Lyme Park
Tel: 706-6166

Morningside Medi-Clinic
Hill Road, Off Rivonia Road
Tel: 883-3320

Informed consent to a procedure in the X-ray Department

Procedure _____

I, _____ hereby give my consent to the
abovementioned procedure.

This procedure was explained to me by _____

The patients understanding of the procedure _____

Allergies: _____

Signature of the patient _____

Witness 1 _____

Witness 2 _____

Date: _____