



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

Patient Name

Encounter No:

Examination:

Date:

Authorization no:

Please be advised of the following:

1. Any specialized Radiology co-payments must be settled on the day of the examination.
2. Authorization is not a "Guarantee of Payment" by your medical aid and any Non-payment/shortfall is payable by the member.
3. Whilst Drs. Bloch & Partners may assist in obtaining authorization, it remains the responsibility of the patient to ensure that authorization is obtained.
4. Should the authorization is not obtainable at the time of the examination, I accept full Responsibility of the cost of the examination should my Medical Aid fail to cover the examination cost.
5. During the scan, should the Radiologist note a suspicious area in an additional region that warrants assessment and/or intravenous contrast medium, I hereby grant permission to proceed with further scans.

Signed:

Guardian:

Date: