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Request form for a medical imaging examination (art. 17 and 17bis of the Belgian healthcare nomenclature (NPS))

A separate request form is required for each clinical problem

Patient identification *(fill in or affix a sticker of the health insurance fund (mutuality))*

Surname: First name(s):
Date of birth:
Sex ☐ Male ☐ Female

Relevant clinical information

Explanation of the diagnostic request

Additional relevant information

☐ Allergy ☐ Diabetes ☐ Renal insufficiency ☐ Pregnancy ☐ Implant
☐ Other:

Proposed examination(s)

Previously proposed examination(s) relating to the diagnostic request

☐ CT ☐ MRI ☐ X-ray ☐ Ultrasound ☐ Other: ☐ Unknown

Stamp of the prescribing physician *

Date: Stamp:
Signature: