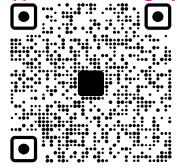


Scan the QR code below for directions to our branches



Scan the QR code below to access our WhatsApp Online Booking System



📍 MIC Milton Park: 28 Cleveland Avenue, Milton Park, Harare.

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WOMEN'S IMAGING REQUEST FORM - SCREENING AND DIAGNOSTIC

Name: Date:

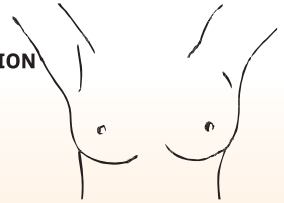
Medical Aid: Number:

D.O.B: L.M.P:

(Important: Please bring Medical Aid Card and previous images)

EXAMINATION/AREA OF INTEREST TO BE IMAGED

- | | |
|---|--|
| <input type="checkbox"/> 3D MAMMOGRAPHY | <input type="checkbox"/> BREAST CYST ASPIRATION |
| <input type="checkbox"/> 2D MAMMOGRAPHY | <input type="checkbox"/> HOOKWIRE/MAGSEED LOCALISATION |
| <input type="checkbox"/> BREAST ULTRASOUND | <input type="checkbox"/> MARKER CLIP INSERTION |
| <input type="checkbox"/> ABDOMINAL/PELVIS/
TRANSVAGINAL ULTRASOUND | <input type="checkbox"/> DUCTOGRAPHY |
| <input type="checkbox"/> BREAST BIOPSY | <input type="checkbox"/> HYSTEROSALPINGOGRAPHY |



Examination Requested.....

.....
.....

ICD 10 CODE:.....

History:

.....

Referred by Dr: Dr's No. & Stamp:

PREPARATION FOR YOUR MAMMOGRAM

- Please bring all past Breast Imaging including mammograms and ultrasounds.
- Do not wear deodorant, perfume, powder, ointment, or other preparations in your underarm or on your breasts.
- For your convenience, we recommend wearing a two-piece clothing that day, such as a skirt or trousers and a blouse, rather than a dress.