

X-RAY REQUEST FORM



Dr Michael J Pravetz and Associates
Suite 5 Hadjidakis' Building
1 Cochrane Avenue, Epping 1 7460
Jack's Dive Chest
23 Michau Street, Strand 7140

Name _____

Address: _____

The above individual requires a Chest X-ray for occupational purposes.

A single view (PA only) for TB Screening is required with report.

ICD Code: Z01.6

Once completed, please e-mail the Radiologist's report to:

michaelpravetz@aol.com

Only written interpretations / reports can be submitted to the licensing authority.

Michael Pravetz

Michael J. Pravetz, MBBCh, DOH

MP0262013

PR 0327379