

MB.ChB, M.Med (US), M.Sc (Nuc Med)  
Nuclear Physician • Kerngeneeskundige

# DR H.R MORKEL INC

Reg. No./Nr. 1999/17806/21 • Practice No. / Praktyk Nr. 2500035

## REQUEST FOR LUTETIUM THERAPY:

Please complete and send to [nandi@morkelnucmed.co.za](mailto:nandi@morkelnucmed.co.za) AND [marguerite@morkelnucmed.co.za](mailto:marguerite@morkelnucmed.co.za)

Name of patient: \_\_\_\_\_ ID: \_\_\_\_\_  
Medical aid & plan: \_\_\_\_\_ Med aid nr: \_\_\_\_\_  
Contact details of patient: Tel: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email : \_\_\_\_\_

Diagnosis (please attach histology): \_\_\_\_\_ ICD10 \_\_\_\_\_

Date of initial diagnosis: \_\_\_\_\_ Stage: \_\_\_\_\_ ECOG status \_\_\_\_\_

Previous and current therapy:

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Previous imaging (please state where imaging was done and attach results)

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Most recent (applicable blood) results :

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Other diseases and medications:

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Does the patient have any known renal problems? (eg previous nephrectomy ) \_\_\_\_\_

If yes : please describe \_\_\_\_\_

Referring doctor: \_\_\_\_\_ Practice number: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for taking the time to complete this form. Please remember to attach appropriate notes and results (e.g. scan reports, blood results etc)*

**THANK YOU!**

[www.morkelnucmed.co.za](http://www.morkelnucmed.co.za)

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