

REQUEST FORM FOR X-RAY INVESTIGATION

PATIENT DETAILS

PATIENT NAME:		CONTACT NO:	
NRIC/PASSPORT/ WORK PASS NO:		DATE OF BIRTH: (DDMMYYYY)	GENDER: MALE / FEMALE

REFERRING CLINIC TO SPECIFY

BILLING OPTION:	<input type="checkbox"/> Bill Clinic <input type="checkbox"/> Bill Patient	EXAMINATION CLASSIFICATION:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent
REPORT OPTION:	<input type="checkbox"/> Report Only <input type="checkbox"/> Report and CD^ (^Additional charge for CD)	REPORT COLLECTION:	<input type="checkbox"/> By portal (Only for corporate account) <input type="checkbox"/> By Email: _____ <input type="checkbox"/> By Post* (*Additional charges apply.) <input type="checkbox"/> By Patient Self- Collect

PATIENT'S CLINICAL DIAGNOSIS & PURPOSE OF XRAY (TO BE COMPLETED BY REFERRING DR)

<input type="checkbox"/> Screening	<input type="checkbox"/> Others (Pls specify):
REFERRING CLINIC, DR NAME, MCR & DATE:	

FOR RADIOGRAPHERS (Please read the following and affix signature before proceeding for x-ray.)

<input type="checkbox"/> I have been advised that this procedure may have an adverse effect on a fetus and I hereby warrant that I AM NOT PREGNANT. <i>*For legal guardian/Parent of female patient/ female patient herself: Please read the following and affix signature before proceeding for x-ray.</i>	First day of Last Menses:	Radiographer Signature:
	*Legal Guardian/ Parent/ Patient Signature & Date: (*Circle accordingly)	

TABLE OF RADIOLOGICAL EXAMINATION (Please tick)

CHEST	UPPER LIMB	Foot (Left/Right) – 2 views	MISCALLENOUS
Screening CXR	Fingers – 2 views	Knee (Left/Right) – 2 views	Additional View
Chest – 1 view	Hand (Left/Right) – 2 views	Hip (Left/Right) – 2 views	Additional CD
Chest/Ribs – 2 views	Scaphoid only (Left/Right) – 4 views	Tibia / Fibula (Left/Right) – 2 views	OTHERS
ABDOMEN / PELVIS	Wrist only (Left/Right) – 2 views	SKULL	Pls indicate other body parts required if not in the list. (subject to availability) <i>*Do contact the clinic directly if unsure.</i>
Abdomen / KUB – 1 view	Radius / Ulna / Forearm (Left/Right) – 2 views	Skull (AP & LAT) – 2 views	
Abdomen – Erect & Supine – 2 views	Elbow (Left/Right) – 2 views	Nasal Bone – 2 views	
Pelvis – 1 view	Shoulder (Left/Right) – 2 views	SPINE	
BONES / JOINTS	LOWER LIMBS	Cervical Spine (AP & Lat) – 2 views	
Clavicle (Left/Right) – 2 views	Toes (Left/Right) – 2 views	Lumbosacral Spine (AP & LAT) – 2 views	
Scapula (Left/Right) – 2 views	Ankle (Left/Right) – 2 views	Sacrum / Coccyx – 2 views	

**For candidate who are unable to provide consent and requires legal guardian/parent to provide on behalf, please provide the particulars of legal guardian or parent as records.*