Asia Diagnostics Group
(Managed and Operated by AcuMed Medical Pte Ltd)

☐ JURONG IMAGING CENTRE	☐ BEDOK X-RAY CENTRE	EXAMINATION CLASSIFICATION:
1 Jurong West Central 2, JP1#B1-19E Jurong Point Shopping Centre S(648886) Tel: 6790 0232 / Fax: 6790 0201 Email: jurong@asiadiagnosticsgroup.com	Blk 214 Bedok North St 1 #01-165 S(460214) Tel: 6245 8842 / Fax: 6443 8700 Email: bedok@asiadiagnosticsgroup.com	☐ Routine ☐ Urgent

REQUEST FOR RADIOLOGICAL INVESTIGATION

PATIENT INFORMATION	FOR REFFERING CLINIC TO SPECIFY	
<<Paste label here>> OR Fill in Details Below: Patient Name: _____ NRIC/ PASSPORT/WORK PASS NO: _____ Nationality: _____ Gender: Male/Female Date of Birth: _____ Contact No.: _____	**BILLING OPTION:** ☐ Bill Clinic ☐ Bill Patient	**REPORT OPTION:** ☐ Report Only ☐ Report and CD^ *(^Additional charge for CD)*
	REPORT COLLECTION: ☐ By portal (Only for corporate account) ☐ By Email: _____ ☐ By Post* (*Additional charges apply.) ☐ By Patient Self- Collect	

PATIENT'S CLINIAL DIAGNOSIS & PURPOSE OF XRAY (TO BE COMPLETED BY REFERRING DR)	
☐ Screening ☐ Other: *(Please specify)*	Doctor Name, MCR & Signature: _____ Date ordered : _____

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

First day of Last Menstrual Period:

☐ 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 choose to defer my x-ray until my next menstrual period has arrived.
☐ I am unsure of my pregnancy status and I would like to proceed with the x-ray at my own risk.
**For legal guardian/Parent of female patient/ female patient: Please read the following and affix signature before proceeding for x-ray.*

^Legal Guardian/ Parent/ Patient Signature & Date: *(^Circle accordingly)*		Radiographer's Initial: _____ Screening Date: _____

TABLE OF RADIOLOGICAL EXAMINATION
(Please tick on the left empty square of the selected item.)

	TRUNK		HEAD/NECK				
	Abdomen / KUB		Facial Bones		Radius & Ulna (Both)		Hip (Right / Left)
	Abdomen - Erect & Supine		Nasal Bone		Elbow (Right / Left)		Hip (Both)
	Chest - Screening		Neck, Lateral Only		Elbows (Both)		Knee - Supine (Right / Left)
	Chest - PA/AP		Mandibles		Shoulder (Right / Left)		Knee - Supine (Both)
	Chest - PA & Lateral (Right / Left)		Orbits		Shoulders (Both)		Knee - Standing (Right / Left)
	Chest - Apical		Sinuses, Paranasal		Scapula (Right / Left)		Knee - Standing (Both)
	Chest - Lateral (Right / Left)		Skull (AP & Lateral)		Scapulae (Both)		Knee - Skyline Only (Right / Left)
	Chest - Oblique (Right / Left)		Temporo-Mandibular Joints		Shoulder - Axial (Right / Left)		Knee - Skyline Only (Both)
	Ribs - PA & Oblique (Right / Left)		Cervical Spine - AP & LAT		Shoulder - Axial (Both)		Tibia & Fibula (Right / Left)
	Lumbosacral Spine - AP & Lat (Supine)		Cervical Spine - Obliques		Wrist (Right / Left)		Tibia & Fibula (Both)
			Cervical Spine - Flex & Ext		Wrists (Both)	**MISCALLENOUS**	
	Lumbosacral Spine - Flex & Ext (Supine)		**UPPER LIMBS**		Scaphoid (Right / Left)		Additional View
			Acromio-Clavicular Joints		Scaphoid (Both)		Additional CD
	Lumbosacral Spine – Obliques (Supine)		Sterno-Clavicular Joints	**LOWER LIMBS**		**OTHERS**	
			Clavicle (Right / Left)		Ankle (Right / Left)	Pls indicate other body parts required if not in the list. (subject to availability) **Do contact the clinic directly if unsure.*	
	Coccyx / Sacrum - 2 /3 views		Clavicles (Both)		Ankle (Both)		
	Pelvis		Fingers (Right / Left)		Femur (Right / Left)		
	Sacro- iliac Joints		Hand (Right / Left)		Femurs (Both)		
	Sternum		Hands (Both)		Foot (Right / Left)		
	Thoracic Spine - AP & Lateral (Supine)		Humerus - (Right / Left)		Feet (Both)		
			Humeri (Both)		Toes (Right / Left)		
			Radius & Ulna – (Right / Left)		Calcanuem (Right / Left)		
					Calcanei (Both)		