

# REQUEST FOR RADIOLOGICAL INVESTIGATION

The following document in **original copy** is required for verification and registration during your visit.  
 NRIC / National Digital Identity Card / Passport / Birth Certificate/ Work Pass / Social Visit Pass / Dependent's Pass

Patient's Information				Referral Information	
Name: _____ Gender: M / F				Clinic Stamp:	
NRIC / FIN / Passport No: _____ Date of Birth: DD / MM / YYYY				Exam Validity:	
Contact No: _____ (HP) _____ (Home)				Date of Request:	
Patient's History					
Relevant History / Findings:				Mandatory for Requesting Doctor to complete	
Clinical Diagnosis: <input type="checkbox"/> Screening CXR / BMD / Ultrasound / Mammogram <input type="checkbox"/> Others: _____ (Please Specify)				<b>For female patients (12-55 years old):</b> <input type="checkbox"/> Patient 1 <sup>st</sup> day of Last Menstrual Period is DD / MM / YYYY <b>**Radiation risk for LMP &gt; 28 days</b> <input type="checkbox"/> I agree to proceed with X-ray with patient's consent.	
Infection Alert: <input type="checkbox"/> Airborne / Contact / Droplet <input type="checkbox"/> Others: _____ (Please Specify)				MCR, Name & Signature of Requesting Doctor	
Remarks:					
Please Specify:					
Report Collection (please tick) <input type="checkbox"/> Dispatch to clinic (3-5 days upon release of result) <input type="checkbox"/> Patient to collect (Exclude BMD)		Report Type (please tick) <input type="checkbox"/> Report Only <input type="checkbox"/> Report and CD (Exclude BMD) <input type="checkbox"/> Report and Films (Exclude BMD)		Payment Options (please tick) <input type="checkbox"/> Patient Self-pay <input type="checkbox"/> Bill Clinic	
Please tick the test code of X-ray(s) to be completed					
CODE	HEAD & NECK				
500	Facial Bones	531	Wrist (Right / Left)	590	Ribs -PA & Oblique (Right / Left)
501	Nasal Bone	532	Wrists (Both)	559	Chest - Apical
		533	Scaphoid (Right / Left)	560	Sacro-Iliac Joints
503	Neck (Soft Tissue), Lateral Only	593	Scaphoid (Both)	561	Sternum
505	Mandibles			562	Thoracic Spine - AP & Lateral
506	Mastoids	CODE	LOWER LIMBS	567	Lumbosacral Spine - Flex & Ext
507	Orbits	534	Ankle (Right / Left)	568	Lumbosacral Spine - AP & Lat
509	Sinuses, Paranasal	535	Ankles (Both)	569	Lumbosacral Spine, Obliques
510	Skull (AP & Lateral)	536	Femur (Right / Left)	570	Sacrum
511	Temporo-Mandibular Joints	537	Femurs (Both)	571	Coccyx
512	Cervical Spine - AP & LAT	538	Foot (Right / Left)		
513	Cervical Spine - Obliques	539	Feet (Both)	CODE	ULTRASOUND # +
514	Cervical Spine - Open Mouth	540	Toes (Right / Left)	600	Liver / Hepatobiliary System
515	Cervical Spine - Flex & Ext	541	Calcaneum (Right / Left)	601	Kidneys
CODE	UPPER LIMBS	542	Calcanei (Both)	602	Pelvis
585	Acromio-Clavicular Joints	543	Calcanei - Lateral only (Both)	603	Abdomen (Liver & Kidneys)
586	Sterno-Clavicular Joints	544	Hip (Right / Left)	605	Kidneys & Bladder
517	Clavicle (Right / Left)	545	Hips (Both)	610	Thyroid
518	Clavicles (Both)	546	Knee - Supine (Right / Left)		
519	Fingers (Right / Left)	547	Knees - Supine (Both)		
520	Hand (Right / Left)	548	Knee - Skyline Only (Right / Left)	CODE	SCREENING MAMMOGRAM # +
521	Hands (Both)	550	Tibia & Fibula (Right / Left)	572	Mammogram, Non-HSG
522	Humerus - Arm (Right / Left)	551	Tibia & Fibula (Both)	578	Mammogram, HSG, Screening
523	Humeri (Both) Arms	594	Knee - Skyline Only (Both)	578PR	Mammogram, HSG, Screening (PR)
524	Radius & Ulna-Forearm (Right / Left)	598	Knees - Standing (Both) (AP Weight Bearing & LAT Supine)		
525	Radius & Ulna (Both)	CODE	TRUNK	CODE	BONE MINERAL DENSITOMETRY +
526	Elbow (Right / Left)	552	Abdomen / KUB - Supine	900	BMD
527	Elbows (Both)	553	Abdomen - Erect / Decubitus		
528	Shoulder (Right / Left)	555	Pelvis	CODE	ADD-ON
530	Shoulders (Both)	556	Chest - PA/AP (Report Only)	573	Additional View
575	Hand (Bone Age)	557	Chest, PA & Lateral (Right / Left)	997	Film printing cost (per film)
595	Shoulder - Axial (Right / Left)	587	Chest - Oblique (Right / Left)	998	Copy of radiological report
597	Shoulder - Axial (Both)	588	Chest - Lateral (Right / Left)	999	CD printing cost (per CD)

# Preparation required. Ultrasounds are only available for adult patients 16 years old and above.

+ By appointment only. Please scan QR codes below or call tel: 6355 3000.



BMD or Ultrasound appointment



Mammography appointment