

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: Clinical Diagnosis: <input type="checkbox"/> Screening CXR / BMD / Ultrasound / Mammogram <input type="checkbox"/> Others: _____ (Please Specify)				Mandatory for Requesting Doctor to complete For female patients (12-55 years old): <input type="checkbox"/> Patient 1 st day of Last Menstrual Period is : DD / MM / YYYY **Radiation risk for LMP > 28 days <input type="checkbox"/> I agree to proceed with X-ray with patient's consent.	
				Remarks: _____ <div style="text-align: right;">MCR, Name & Signature of Requesting Doctor</div>	
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	597	Shoulder - Axial (Both)	590	Ribs -PA & Oblique (Right / Left)
501	Nasal Bone, Lateral Only	531	Wrist (Right / Left)	559	Chest - Apical
503	Neck (Soft Tissue), Lateral Only	532	Wrists (Both)	560	Sacro-Iliac Joints
505	Mandibles	533	Scaphoid (Right / Left)	561	Sternum
506	Mastoids	593	Scaphoid (Both)	562	Thoracic Spine - AP & Lateral
507	Orbits	CODE	LOWER LIMBS	567	Lumbosacral Spine - Flex & Ext
509	Sinuses, Paranasal	534	Ankle (Right / Left)	568	Lumbosacral Spine - AP & Lat
510	Skull (AP & Lateral)	535	Ankles (Both)	569	Lumbosacral Spine, Obliques
511	Temporo-Mandibular Joints	536	Femur (Right / Left)	570	Sacrum
512	Cervical Spine - AP & LAT	537	Femurs (Both)	571	Coccyx
513	Cervical Spine - Obliques	538	Foot (Right / Left)		
514	Cervical Spine - Open Mouth	539	Feet (Both)	CODE	ULTRASOUND # +
515	Cervical Spine - Flex & Ext	540	Toes (Right / Left)	600	Liver / Hepatobiliary System
		541	Calcaneum (Right / Left)	601	Kidneys
		542	Calcanei (Both)	602	Pelvis
CODE	UPPER LIMBS	543	Calcanei - Lateral only (Both)	603	Abdomen (Liver & Kidneys)
585	Acromio-Clavicular Joints	544	Hip (Right / Left)	605	Kidneys & Bladder
586	Sterno-Clavicular Joints	545	Hips (Both)	610	Thyroid
517	Clavicle (Right / Left)	546	Knee - Supine (Right / Left)		
518	Clavicles (Both)	547	Knees - Supine (Both)		
519	Fingers (Right / Left)	548	Knee - Skyline Only (Right / Left)	CODE	SCREENING MAMMOGRAM # +
520	Hand (Right / Left)	550	Tibia & Fibula (Right / Left)	572	Mammogram, Non-HSG
521	Hands (Both)	551	Tibia & Fibula (Both)	578	Mammogram, HSG, Screening
522	Humerus - Arm (Right / Left)	594	Knee - Skyline Only (Both)	578PR	Mammogram, HSG, Screening (PR)
523	Humeri (Both)	598	Knees - Standing (Both) (AP Weight Bearing & LAT Supine)		
524	Radius & Ulna-Forearm (Right / Left)	CODE	TRUNK	CODE	BONE MINERAL DENSITOMETRY +
525	Radius & Ulna (Both)	552	Abdomen / KUB - Supine	900	BMD
526	Elbow (Right / Left)	553	Abdomen - Erect / Decubitus		
527	Elbows (Both)	555	Pelvis	CODE	ADD-ON
528	Shoulder (Right / Left)	556	Chest - PA/AP (Report Only)	573	Additional View
530	Shoulders (Both)	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 report
575	Hand (Bone Age)	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