

REQUEST FOR RADIOLOGICAL INVESTIGATION

Original copy of identification document (ID) is required for X-ray registration
 (ID: NRIC / National Digital Identity Card / Passport / Birth Certificate /
 Work Pass / Social Visit Pass / Dependent's Pass)

XR

PATIENT'S INFORMATION	CLINIC TO SPECIFY:
Name: _____	<input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Clinic
NRIC / FIN / Passport No.: _____	<input type="checkbox"/> Report Only
Date of Birth: _____ (DD/MM/YYYY) Sex: Male / Female	<input type="checkbox"/> Report and CD <input type="checkbox"/> Report and Films
Contact No.: _____ (HP) _____ (H)	<input type="checkbox"/> Dispatch to Clinic <input type="checkbox"/> Patient to collect

PATIENT'S CLINICAL HISTORY / DIAGNOSIS – Section MUST be completed by Referring Doctor

Screening LMP for female patients: _____ (DD/MM/YYYY)



Others **If LMP > 28 days:** UPT result is negative Patient declined UPT and declared that she is not pregnant

 Doctor Name, MCR & Signature Date of Request Clinic Stamp (with address)

TABLE OF RADIOLOGICAL EXAMINATIONS (Please tick)

HEAD & NECK	595	Shoulder - Axial (Right / Left)	587	Chest - Oblique (Right / Left)
500 Facial Bones	597	Shoulder - Axial (Both)	588	Chest - Lateral (Right / Left)
501 Nasal Bone - Lateral Only	531	Wrist (Right / Left)	590	Ribs (Right / Left)
503 Neck, Lateral Only	532	Wrists (Both)	559	Chest - Apical
505 Mandibles	533	Scaphoid (Right / Left)	560	Sacro-Iliac Joints
506 Mastoids	593	Scaphoid (Both)	561	Sternum
507 Orbits	LOWER LIMBS		562	Thoracic Spine - AP & Lateral (Supine)
509 Sinuses - Paranasal	534	Ankle (Right / Left)	567	Lumbosacral Spine - Flex & Ext (Supine)
510 Skull (AP & Lateral)	535	Ankles (Both)	568	Lumbosacral Spine - AP & Lat (Supine)
511 Temporo-Mandibular Joints	536	Femur (Right / Left)	569	Lumbosacral Spine - Obliques (Supine)
512 Cervical Spine - AP & LAT	537	Femurs (Both)	570	Sacrum
513 Cervical Spine - Obliques	538	Foot (Right / Left)	571	Coccyx
514 Cervical Spine - Open Mouth	539	Feet (Both)	ULTRASOUND # ^	
515 Cervical Spine - Flex & Ext	540	Toes (Right / Left)	600	Liver / Hepatobiliary System
UPPER LIMBS		541	601	Kidneys
585 Acromio-Clavicular Joints	542	Calcaneum (Right / Left)	602	Pelvis
586 Sterno-Clavicular Joints	543	Calcanei (Both)	603	Abdomen (Liver & Kidneys)
517 Clavicle (Right / Left)	544	Calcanei - Lateral only (Both)	606	Doppler Leg DVT (Right / Left)**
518 Clavicles (Both)	545	Hip (Right / Left)	607	Doppler Leg DVT (Both legs)**
519 Fingers (Right / Left)	546	Hips (Both)	610	Thyroid
520 Hand (Right / Left)	547	Knee - Supine (Right / Left)	612	Soft Tissue**
521 Hands (Both)	546+549	Knees - Supine (Both)	SCREENING MAMMOGRAM # ^	
575 Hand (Bone age)	598	Knee - Standing (Right / Left)	572	Mammogram, Non-BSS
522 Humerus (Right / Left)	548	Knees - Standing (Both)	578	Mammogram, BSS (Singaporean)
523 Humeri (Both)	594	Knee - Skyline Only (Right / Left)	578PR	Mammogram, BSS (PR)
524 Radius & Ulna (Right / Left)	550	Knee - Skyline Only (Both)	BONE MINERAL DENSITOMETRY ^	
525 Radius & Ulna (Both)	551	Tibia & Fibula (Right / Left)	900	BMD
526 Elbow (Right / Left)	TRUNK		ADD-ON	
527 Elbows (Both)	552	Tibia & Fibula (Both)	573	Additional View
528 Shoulder (Right / Left)	553	Abdomen / KUB - Supine	996	Mammo film printing (per set)
530 Shoulders (Both)	555	Abdomen - Erect / Decubitus	997	Film printing (per film)
529 Scapula (Right / Left)	556	Pelvis	998	Copy of report
589 Scapulae (Both)	557	Chest - PA/AP (Report only)	999	CD printing (per CD)
		Chest - PA & Lateral (Right / Left)		

Scan QR Code to Make

	BMD or Ultrasound appointment		Mammography appointment
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^ By Appointment, please call ask-NHGD @ 6275 6443

Preparation required. Ultrasounds are only available for patients 16yo and above.

** Doppler scans are available only at NHGD Ang Mo Kio – Thye Hua Kwan Hospital.