

**REQUEST FOR RADIOLOGICAL INVESTIGATION**

Please bring along the X-ray request form AND your Identity Card /  
 Work Pass / Social Visit / Dependant's Pass / Birth Certificate /  
 Passport or any legal documents by Immigration Department for  
 verification during registration.

XR

PATIENT'S INFORMATION				REFERRAL INFORMATION		
Name: _____				Clinic Stamp     Date of Request _____		
NRIC / FIN / Passport No.: _____						
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sex: Male / Female						
Contact No.: _____ (Hp) _____ (H)						
PATIENT'S HISTORY				Please specify:		
Relevant History / Findings   Clinical Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> For treatment of chronic diseases under CDMP*   _____ MCR, Name & Signature of Requesting Doctor				OR <input type="checkbox"/> Patient pay cash		
				<input type="checkbox"/> Bill Clinic    \$		
				OR <input type="checkbox"/> Report Only		
				<input type="checkbox"/> Report and CD		
				OR <input type="checkbox"/> Report and Films		
				OR <input type="checkbox"/> Despatch to clinic		
				<input type="checkbox"/> Patient to collect		
				<b>Special Remarks</b>		
<b>Please tick appropriate code number of x-rays requested</b>						
Test Code	Type of X-ray Investigation					
	<b>Head &amp; Neck</b>	531	Wrist Joint (Right / Left)	560	Sacro - iliac Joints	
500	Facial Bones	532	Wrist Joints (Both)	561	Sternum	
501	Nasal Bone	533	Scaphoid Views (Right / Left)	562	Thoracic Spine - AP & LAT (Supine)	
502	Internal Auditory Meatus	593	Scaphoid Views (Both)	567	Lumbosacral Spine - Flex & Ext (Supine)	
503	Lateral Neck - One Film	<b>Lower Limbs</b>			568	Lumbosacral Spine - AP & LAT (Supine)
505	Mandible	534	Ankle Joint (Right / Left)	569	Lumbosacral Spine - Obliques (Supine)	
506	Mastoids	535	Ankle Joints (Both)	570	Sacrum	
507	Orbits	536	Femur (Right / Left)	571	Coccyx	
509	Sinuses, Paranasal	537	Femurs (Both)			
510	Skull (AP & Lateral)	538	Foot (Right / Left)	<b>Ultrasound #+</b>		
511	Temporo-Mandibular Joints	539	Feet (Both)	600	Liver / Hepatobiliary System	
512	Cervical Spine (AP & LAT)	540	Toes (Right / Left)	601	Kidneys	
513	Cervical Spine (Obliques)	541	Calcaneum (Right / Left)	602	Pelvis	
514	Cervical Spine (Open mouth)	542	Calcanei (Both)	603	Abdomen (Liver & Kidneys)	
515	Cervical Spine (Flex / Ext)	543	Calcanei - Lateral only (Both)	605	Kidneys & Bladder	
		544	Hip Joint (Right / Left)	606	Doppler Leg DVT (1 leg)**	
	<b>Upper Limbs</b>	545	Hip Joints (Both)	607	Doppler Leg DVT (Both legs)**	
585	Acromio-clavicular Joints	546	Knee Joint (Right / Left)	610	Thyroid	
586	Sterno-clavicular Joints	547	Knee Joints (Both)			
517	Clavicle (Right / Left)	548	Skyline View (1 side)	<b>Screening Mammogram #+</b>		
518	Clavicles (Both)	594	Skyline Views (Both)	572	Mammogram, Non- BSS	
519	Fingers (Right / Left)	549	Knee Joints - Standing (Surcharge)	578	Mammogram, BSS (Singaporean)	
520	Hand (Right / Left)	550	Tibia and Fibula - leg (Right / Left)	578PR	Mammogram, BSS (PR)	
521	Hands (Both)	551	Tibia and Fibula (Both)			
522	Humerus-Arm (Right / Left)	<b>Trunk</b>			<b>Bone Mineral Densitometry (Dexa)+</b>	
523	Humeri (Both)	552	Abdomen / KUB-AP / supine			
524	Radius and Ulna-Forearm (Right / Left)	553	Abdomen-erect / decubitus	900	BMD	
525	Radius and Ulna (Both)	555	Pelvis			
526	Elbow Joint (Right / Left)	556	Chest - PA (Report only)	<b>Add On</b>		
527	Elbow Joints (Both)	557	Chest - PA & Lateral	573	Additional View	
528	Shoulder Joint (Right / Left)	588	Chest - Lateral (Right / Left)	584	Film printing cost (per film)	
530	Shoulder Joints (Both)	587	Chest - Oblique (Right / Left)	597	Copy of report	
529	Scapula (Right / Left)	559	Chest - Apical	598	CD printing cost (per examination)	
589	Scapula (Both)	590	Ribs - PA & Oblique (Right / Left)			
Radiographer's Initials:		I am not Pregnant (if applicable)			<b>Please note:</b>	
Remarks:		Signature of Patient _____ LMP _____			**Doppler scans are performed at NHGD Ang Mo Kio - Thye Hua Kwan Hospital	
Date / Time of Examination:						

+ By Appointment, please contact call centre @ 6275 6443; For Geylang Polyclinic Ultrasound Appointment, please call 6842 6046;  
 For Queenstown Polyclinic Ultrasound Appointment, please call 6479 1807

# Preparation required  
 \* Chronic Disease Management Programme