RAPHA RADIOLOGY PARKROYAL

Rapha Radiology Pte Ltd
181 Kitchener Road, #01-02 ParkRoyal on Kitchener Rd
Singapore 208533, Tel: 6292 8966
Email: rapharadiology.sg@gmail.com

PATIENT ID STICKER

EXAMINATION REQUEST FORM

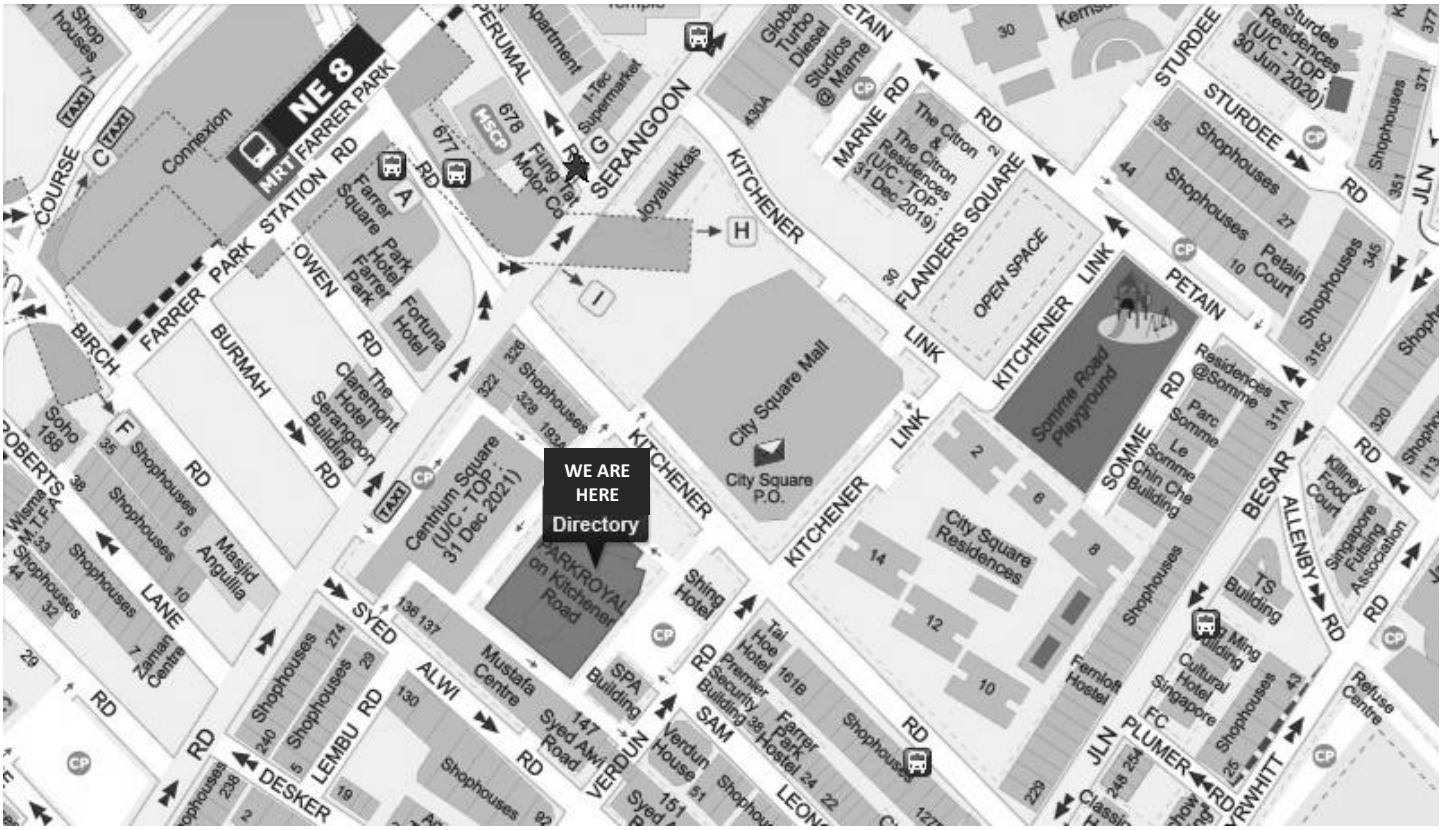
Patient Name	Gender M / F*	D.O.B.	NRIC/Passport No.

Requested Exam(s)	Clinical Diagnosis

Relevant Clinical History	Exam Classification	Billing Option
Ht:_____ Wt:_____ *(for BMD)*	☐ Routine ☐ Urgent Reporting	☐ Bill Patient ☐ Bill Clinic
	Recording Media: ☐ Films ☐ CD *(additional charges apply)*	

Referring Clinic Name & Address	Tel:	For Female Patients of child bearing age:
Date of next clinic review: _____	Fax:	*"I declare that I am not pregnant."* _____ Patient's Signature

Requesting Doctor	Radiographer's Initials & Date
_____ Name & Signature _____ Date	



Opening Hours:
Mon – Fri: 9.00am – 1.00pm, 2.00pm – 5.00pm
Sat: 9.00am – 1.00pm
(Closed on Sundays and Public Holidays)

Patient's Contact Information:
Mob No: _____
Email: _____