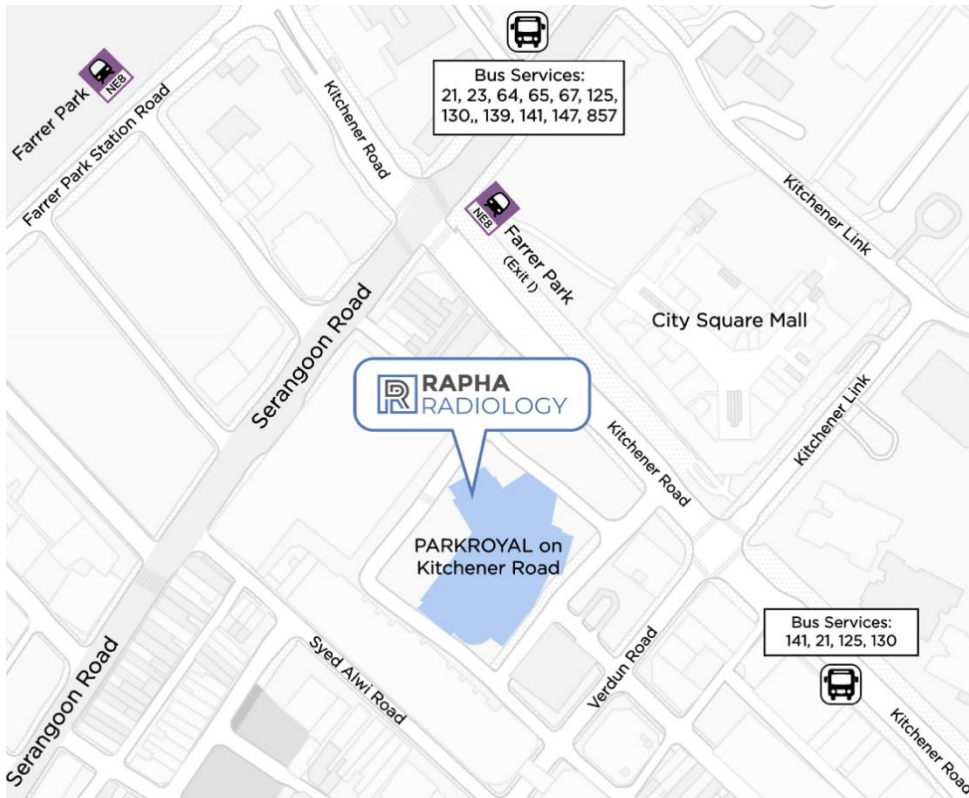


RADIOLOGY REQUEST FORM

Requested Exam(s)		<i>PATIENT ID LABEL</i>	
Please Select One : <input type="checkbox"/> Contrast (eGFR: _____) <input type="checkbox"/> Non-contrast			
Relevant Clinical History		Exam Classification <input type="checkbox"/> Routine <input type="checkbox"/> Urgent Reporting	Billing Option <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Clinic
Height: _____ Weight: _____ (for BMD)		Recording Media: Please select one: <input type="checkbox"/> Films <input type="checkbox"/> Flash Drive	
Referring Clinic Name & Address	Tel: _____	For Female Patients of child bearing age: "I declare that I am not pregnant." Patient's Signature: _____	
Date of next clinic review: _____	Fax: _____		
Requesting Doctor		Radiographer's Notes, Initials & Date	
Name & Signature _____		Date _____ <input type="checkbox"/> Contrast Given	



+65 8885 8205 (Call / WhatsApp)
info@rapharad.asia

HOW TO GET HERE

BY TRAIN

Farrer Park MRT Station (NE8). Use Exit I to exit at City Square Mall. Walk across Kitchener Road towards ParkRoyal Hotel.

BY BUS

Bus stop at Kitchener Road Station : 141, 21, 125, 130

CLINIC HOURS

Monday to Friday 9 am to 6 pm
Saturday 9 am to 1 pm
Sunday / Public Holidays Closed

Opening Hours:

Mon – Fri: 9 am – 1 pm, 2 pm – 5 pm
Sat: 9.00am – 1.00pm
(Closed on Sundays and Public Holidays)

Patient's Preparations:



Patient's Contact Information:

Mobile No: _____

Email: _____