

Raffles Diagnostica

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Raffles Hospital Singapore 188770
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G6074816R

/AMK. 216
DOB: 20/01/1980

HAIRUL ANSHAR /
941 HOUANG STREET 92
03-03
SINGAPORE 530941 31yrlM

97770951 (T

RADIOLOGY REQUEST FORM

- Wet Film Only
 Despatch
 Urgent Reporting By: _____

Clinical Diagnosis: _____

*Plastic cast double x 1/2.
Dial - 2 views.
dry der.*

BMF

Signature & Name of Medical Practitioner
[Signature]

Date _____

THORAX & SHOULDERS		VERTEBRAL COLUMN		XRAY		ABDOMEN & PELVIS	
307701	<input checked="" type="checkbox"/> Chest (PA)	308401	<input type="checkbox"/> Cervical Spine (2 views)	300101	<input type="checkbox"/> Abdomen/KUB (Supine)	304578	<input type="checkbox"/> Toe
307702	<input type="checkbox"/> Chest (PA & Lat)	308402	<input type="checkbox"/> C-Spine (AP/Lat/2 Ob)	300102	<input type="checkbox"/> Abdomen (Erect & Supine)	304522	<input type="checkbox"/> Both Feet
307703	<input type="checkbox"/> Chest & Ribs (1 side)	308403	<input type="checkbox"/> C-Spine (AP/Lat/Flex/Ext)	300103	<input type="checkbox"/> Abdomen (Decubitus)	304509	<input type="checkbox"/> Calcaneum
307704	<input type="checkbox"/> Chest & Ribs (2 sides)	308477	<input type="checkbox"/> Thoracic Spine (2 views)	306101	<input type="checkbox"/> Pelvis (One view)	304508	<input type="checkbox"/> Both Calcaneum
307726	<input type="checkbox"/> Chest (Lat only)	308602	<input type="checkbox"/> Lumbo-sacral Spine (2 views)	306105	<input type="checkbox"/> Pelvis & Lat Hip	304500	<input type="checkbox"/> Ankle
307727	<input type="checkbox"/> Chest (PE/Healthscreening/Package)	308604	<input type="checkbox"/> L/S Spine (AP/Lat/2 Ob)	306102	<input type="checkbox"/> Hip (AP & Lat)	304501	<input type="checkbox"/> Both Ankles
307730	<input type="checkbox"/> Chest (Apical)	308605	<input type="checkbox"/> L/S Spine (AP/Lat/Flex/Ext)	306103	<input type="checkbox"/> Hip (AP & Lat)	306173	<input type="checkbox"/> Sacro-iliac Joints (Both)
307775	<input type="checkbox"/> Sternum - Clavicular Joint	308803	<input type="checkbox"/> AP Spine Scoliosis	306173	<input type="checkbox"/> Sacro-iliac Joints (Both)	304578	<input type="checkbox"/> Lower Extremities
307776	<input type="checkbox"/> Sternum (Lat & Oblique)	308381	<input type="checkbox"/> AP & Lat Spine Scoliosis	304578	<input type="checkbox"/> Toe	304522	<input type="checkbox"/> Foot
307805	<input type="checkbox"/> Clavicle	308121	<input type="checkbox"/> Finger	304523	<input type="checkbox"/> Both Feet	304509	<input type="checkbox"/> Calcaneum
307804	<input type="checkbox"/> Acromion - Clavicular Joint	308130	<input type="checkbox"/> Hand	304508	<input type="checkbox"/> Both Calcaneum	304508	<input type="checkbox"/> Both Calcaneum
307774	<input type="checkbox"/> Shoulder Joint (AP & Axial)	308131	<input type="checkbox"/> Both Hands	304500	<input type="checkbox"/> Ankle	304501	<input type="checkbox"/> Both Ankles
307778	<input type="checkbox"/> Both Shoulder Joint (AP & Axial)	308187	<input type="checkbox"/> Wrist	304577	<input type="checkbox"/> Tibial/Fibula	304576	<input type="checkbox"/> Both Tibial/Fibula
307779	<input type="checkbox"/> Shoulder Joint (Lat Y view)	308189	<input type="checkbox"/> Both Wrists	304545	<input type="checkbox"/> Single Knee (Skyline view)	304545	<input type="checkbox"/> Single Knee (Skyline view)
307302	<input type="checkbox"/> Skull (AP/PA & Lat)	308188	<input type="checkbox"/> Wrist/Scaphoid (5 views)	304521	<input type="checkbox"/> Femur	304520	<input type="checkbox"/> Both Femur
307321	<input type="checkbox"/> Skull (AP/PA, Lat & Townes)	308169	<input type="checkbox"/> Radius/Ulna	304576	<input type="checkbox"/> Tibial/Fibula	304520	<input type="checkbox"/> Both Femur
307361	<input type="checkbox"/> Postnasal Spaces (1 view)	308170	<input type="checkbox"/> Both Radius/Ulna	304542	<input type="checkbox"/> Knee	304542	<input type="checkbox"/> Both Knee
307352	<input type="checkbox"/> Nasal Bones	308118	<input type="checkbox"/> Both Elbows	304548	<input type="checkbox"/> Single Knee (Which view)	304548	<input type="checkbox"/> Single Knee (Which view)
307349	<input type="checkbox"/> Mandible	308129	<input type="checkbox"/> Humerus	304520	<input type="checkbox"/> Both Femur	304520	<input type="checkbox"/> Both Femur
307377	<input type="checkbox"/> Temporo-Mandibular Joint (Both)	307891	<input type="checkbox"/> 1 supplementary view	304520	<input type="checkbox"/> Both Femur	304520	<input type="checkbox"/> Both Femur
305745	<input type="checkbox"/> Neck (Lat view for soft tissue)	307892	<input type="checkbox"/> 2 supplementary views	305705	<input type="checkbox"/> Wrist for Bone Age (1 View)	305705	<input type="checkbox"/> Wrist for Bone Age (1 View)
ULTRASOUND		ULTRASOUND		OTHER STUDIES		OTHER STUDIES	
338387	<input type="checkbox"/> Abdomen	338339	<input type="checkbox"/> U/S Penile Doppler	324901	<input type="checkbox"/> Mammogram (Inpatient only)	324901	<input type="checkbox"/> Mammogram (Inpatient only)
338380	<input type="checkbox"/> Hepatobiliary system (Liver)	338395	<input type="checkbox"/> Colour Doppler (1 region)	324909	<input type="checkbox"/> Screen Mammogram	324909	<input type="checkbox"/> Screen Mammogram
338341	<input type="checkbox"/> Kidneys	338396	<input type="checkbox"/> Colour Doppler (2 region)	324902	<input type="checkbox"/> Mammogram & Ultrasound	324902	<input type="checkbox"/> Mammogram & Ultrasound
338342	<input type="checkbox"/> Kidneys & Bladder	338397	<input type="checkbox"/> Carotid Doppler	324900	<input type="checkbox"/> Mammogram (1 breast)	324900	<input type="checkbox"/> Mammogram (1 breast)
338360	<input type="checkbox"/> Pelves (Transvaginal)	338398	<input type="checkbox"/> Renal Doppler (artery/vein)*	324906	<input type="checkbox"/> Mammogram (Additional view)	324906	<input type="checkbox"/> Mammogram (Additional view)
338361	<input type="checkbox"/> Pelves (Transabdominal)	399999	<input type="checkbox"/> Others	324905	<input type="checkbox"/> Stereotatic Localisation	324905	<input type="checkbox"/> Stereotatic Localisation
338370	<input type="checkbox"/> Scrotum/Testes						
338371	<input type="checkbox"/> Prostate (Transabdominal)						
338379	<input type="checkbox"/> Prostate (Transrectal)						
338372	<input type="checkbox"/> Shoulder / MSK						
338305	<input type="checkbox"/> Breasts	338364	<input type="checkbox"/> Cranial	370100	<input type="checkbox"/> Bone Densitometry Hip & Spine	370100	<input type="checkbox"/> Bone Densitometry Hip & Spine
338377	<input type="checkbox"/> Thyroid	338386	<input type="checkbox"/> Abdomen	370101	<input type="checkbox"/> Bone Densitometry Total Body	370101	<input type="checkbox"/> Bone Densitometry Total Body
324903	<input type="checkbox"/> U/S guided Localisation	338343	<input type="checkbox"/> Kidney & Bladder				
338393	<input type="checkbox"/> U/S Groin / Hernia	338363	<input type="checkbox"/> Both Hips				
338394	<input type="checkbox"/> Abdominal Aorta	338373	<input type="checkbox"/> Both Hips & Spine				
CONTRAST STUDIES		CONTRAST STUDIES		CONTRAST STUDIES		CONTRAST STUDIES	
310902	<input type="checkbox"/> Barium Swallow	310917	<input type="checkbox"/> ERCP	350030	<input type="checkbox"/> X-ray/Ultrasound Portable Charge	350030	<input type="checkbox"/> X-ray/Ultrasound Portable Charge
310901	<input type="checkbox"/> Barium Meal	350901	<input type="checkbox"/> T-tube Cholangiogram	370006	<input type="checkbox"/> Reprint of Film per piece	370006	<input type="checkbox"/> Reprint of Film per piece
310925	<input type="checkbox"/> Gastrografin Swallow	310933	<input type="checkbox"/> Intavenous Urogram (IVU)	370038	<input type="checkbox"/> Reprint of CD	370038	<input type="checkbox"/> Reprint of CD
310903	<input type="checkbox"/> Barium Swallow/Meal	310949	<input type="checkbox"/> Micturating Cystogram (MCU)	300051	<input type="checkbox"/> Radiographer Call Back (General)	300051	<input type="checkbox"/> Radiographer Call Back (General)
310905	<input type="checkbox"/> Barium Swallow/Meal/FF	310929	<input type="checkbox"/> Hystero-salpingogram (HSG)	300083	<input type="checkbox"/> Radiographer Call Back (Rad & Nurse)	300083	<input type="checkbox"/> Radiographer Call Back (Rad & Nurse)
310906	<input type="checkbox"/> Barium Enema	310994	<input type="checkbox"/> Venogram - 1 limb	300180	<input type="checkbox"/> Radiologist Procedure Fee	300180	<input type="checkbox"/> Radiologist Procedure Fee
310907	<input type="checkbox"/> Small Bowel Series	310995	<input type="checkbox"/> Venogram - 2 limbs	300150	<input type="checkbox"/> Radiologist Call Back - Before MN	300150	<input type="checkbox"/> Radiologist Call Back - Before MN
310908	<input type="checkbox"/> Small Bowel Enema	399999	<input type="checkbox"/> Others Studies	300170	<input type="checkbox"/> Radiologist Call Back - After MN	300170	<input type="checkbox"/> Radiologist Call Back - After MN
310973	<input type="checkbox"/> Sialogram			300055	<input type="checkbox"/> Radiographer Call Back (CTMR/O/T/Ultrasound)	300055	<input type="checkbox"/> Radiographer Call Back (CTMR/O/T/Ultrasound)
310974	<input type="checkbox"/> Sinoagram/Fistulogram						

I have been advised that these radiological procedures may have an adverse effect on a foetus and I hereby warrant that I am not pregnant.

Patient's LMP: _____

Patient's Signature: _____

No. of Films: _____

Radiographer's Signature: _____