



Operating Hours:

Monday to Friday : 8.30am to 5pm (Lunch hour 1-2pm)
 Saturday : 8.30am to 1pm
 Sunday : 9am to 1pm (ONLY AMK)

**** No appointment for X-rays & ECGs**
**** In the event of overwhelming crowds, we may close registration earlier in order to provide efficient service.**
Possible cutoff time: 12pm (AM Session), 4pm (PM session)

WHATSAPP BOOKING SERVICE
+65 88097141 (For Mammogram & Ultrasound)

PROCEDURES BY APPOINTMENT ONLY (以下项目需预约)

MAMMOGRAM & BREAST PACKAGE** (**See preparation - back page)

Mammogram (MM)
 Mammogram & U/S Breast

ULTRASOUND (U/S) EXAMINATIONS**

Hepatobiliary System (HBS = Liver/GB/Pancreas)
 Full Abdomen (HBS + Spleen + Kidneys)
 Urinary System (Kidneys/Ureters/Bladder)
 Full Abdomen & Pelvis(TA) – female only
 Full Abdomen & Prostate(TA)
 Pelvis (TA or TV or Both) – female only
 Prostate (TA or TR or Both)
 Breasts
 Thyroid
 Scrotum (Testes)
 Parotid / Submandibular
 Soft Tissue Mass – Neck
 Soft Tissue Mass – others _____

OTHERS

- ECG – **only at AMK & TAMPINES**
 Other procedures / Remarks: _____

***CLINICAL FINDINGS :**

TRAUMA
 PAIN

SCREENING
 FOLLOW-UP
 PRIOR FILMS / REPORT

OTHERS:

***DOCTOR'S STAMP & SIGNATURE + CLINIC STAMP**

OFFICIAL USE ONLY:
 Radiographer : _____ Front Desk: _____
 Remarks: _____

- ANG MO KIO X-RAY CLINIC & LABORATORY**
 Blk 422 Ang Mo Kio Ave 3 #01-2516 Singapore 560422
 Tel: +65 6576 4760 Fax: +65 6553 0056
- TAMPINES STREET 11 X-RAY CLINIC**
 Blk 138 Tampines St. 11, #01-130 Singapore 521138
 Tel: +65 6576 4762 Fax: +65 6781 2703
- DRS LIM HOE & WONG RADIOLOGY PTE LTD (JURONG)**
 1 Jurong West Central 2, #B1A-19C, Jurong Point Shopping Centre
 Singapore 648886 Tel: +65 6576 4761 Fax: +65 6792 1170

Name: _____ Date of Birth : _____

Gender: M/F NRIC/FIN/PP: _____ Tel: _____

Email: _____

CHEST & ABDOMEN

- Screening Chest X-ray (Filmless)
- Chest X-ray – 1 View (PA)
- Chest – 2 Views (PA & LAT)
- Chest – for RIBS (PA & OBL)
- Chest – 3 Views (PA, LAT, OBL)
- Chest – Apical / Lateral / Oblique only
- Sternum (OBL & LAT)
- Abdomen / KUB
- Abdomen – Erect & Supine

UPPER LIMB

- Finger
- Hand
- Bone Age (non-Dominant Hand PA view)
- Scaphoid
- Wrist
- Radius & Ulna
- Elbow
- Humerus
- Shoulder – AP & Axial
- Scapula – AP & Y-SCAP
- Clavicle
- A.C.Joints(Both Side-w&w/o Weight Bearing)
- Sterno-Clavicular Joints (AP & OBL)

SPINE

- Cervical Spine (AP & LAT)
- Cervical Spine (AP, LAT & OPEN MOUTH)
- Cervical Spine Series (AP, LAT, OBL)
- Cervical Spine RTA Series (AP, LAT, OM)
- Thoracic Spine (AP & LAT)
- Thoraco-Lumbar Spine (4 Views)
- Lumbo-Sacral Spine (AP & LAT)
- Lumbar Spine Series (AP, LAT, OBL)
- Lumbar Spine Flexion & Extension add on)
- Lumbo-Pelvic Spine (AP & LAT)
- Pelvis
- Sacrum / Coccyx
- S.I. Joints
- Spine Complete (C/S + T/S + L/S)
- Spine Complete with Pelvis

LOWER LIMB

- Hip (AP PELVIS & LAT HIP)
- Femur
- Knee
- Knee Series (AP, LAT, SKYLINE)
- Tibia & Fibula
- Ankle
- Calcaneum (Heel Bone)
- Calcaneum Spur View (Bi-Lat LAT VIEW)
- Foot
- Toe

HEAD & NECK

- Skull – 2 views
- Skull – 3 views
- Nasal Bones (PA, LAT & OM)
- Paranasal Sinuses
- Lateral Neck (Esophagus)
- T.M. Joints (APOM, LAT-OM & LAT-CM)
- Facial Bone
- Mandible
- Orbit

***FOR RESULTS :**

- Doctor's Portal (*)
- X-RAY FILMS or CD
- * Please feel free to contact us for assistance
- Despatch to Clinic
- Wet Film Collection
- Fax Result
- Collection on the next day
- Urgent collection (urgent charges apply)

***BILLING :**

- Bill Patient
- Bill Clinic
- By Guarantor : _____
- Claims Visit No. / Approval code: _____
- FHN3 IHP Others : _____

***Last Menstrual Period :** _____ ***Sign if NOT PREGNANT :** _____

PATIENT PREPARATION

**Patient is to bring along prior films if available.

| | Approx. duration of examination | | Approx. duration of examination |
|--|---|--|---|
| <p>1. ULTRASOUND ABDOMEN & PELVIS/PROSTATE</p> <p>No food and colored drinks for at least 6 hours prior to the examination.</p> <p>Patient is to drink 4 full glasses of <u>PLAIN</u> water (1L) one hour before the examination and <u>DO NOT EMPTY THE BLADDER</u>.</p> | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">40 mins</div> | <p>2. ULTRASOUND PELVIS/PROSTATE/KUB</p> <p>Patient is to drink 4 full glasses of water (1L) one hour before the examination and <u>DO NOT EMPTY THE BLADDER</u>.</p> | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">20 mins</div> |
| <p>3. ULTRASOUND FULL ABDOMEN/HEPATOBIILIARY SYSTEM</p> <p>No food and colored drinks for at least 6 hours prior to the examination.</p> <p>Minimal amount of <u>PLAIN</u> water is allowed.</p> | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">20 mins</div> | <p>4. MAMMOGRAM, ULTRASOUND BREASTS/THYROID/NECK</p> <p>No application of powder, lotion or perfume on the area of scan.</p> | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">20 mins</div> |

