



**Operating Hours:**

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

**\*\* 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 – female only
- Full Abdomen & Prostate(TA)
- Pelvis – female only
- Prostate ( TA only )
- Breasts
- Scrotum (Testes)
- Parotid
- Submandibular
- Thyroid
- Soft Tissue Mass – Neck (including Thyroid)

**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 & #01-2518  
 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

**RADLINK LITE @ HOUGANG IMAGING CENTRE**

21 Hougang St 51, #01-47, Hougang Green Shopping Mall  
 Singapore 538719 Tel: +65 6576 4763 Fax: +65 6241 2264

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

**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
- Urgent collection (urgent charges apply)
- Wet Film Collection
- Collection on the next day

**\*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><b>1. ULTRASOUND ABDOMEN &amp; PELVIS/PROSTATE</b></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: 2px 10px; width: fit-content; margin: 0 auto;">40 mins</div>	<p><b>2. ULTRASOUND PELVIS/PROSTATE/KUB</b></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: 2px 10px; width: fit-content; margin: 0 auto;">20 mins</div>
<p><b>3. ULTRASOUND FULL ABDOMEN/HEPATOBIILIARY SYSTEM</b></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: 2px 10px; width: fit-content; margin: 0 auto;">20 mins</div>	<p><b>4. MAMMOGRAM, ULTRASOUND BREASTS/THYROID/NECK</b></p> <p>No application of powder, lotion or perfume on the area of scan.</p>	<div style="border: 1px solid black; padding: 2px 10px; width: fit-content; margin: 0 auto;">20 mins</div>

