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- RadLink Diagnostic Imaging (S) Pte Ltd**  
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 Tel: (65) 6836 0808 Fax: (65) 6836 8484
- RadLink Women Imaging Pte Ltd**  
 290 Orchard Road #15-04, Paragon (Tower 1 Lobby F) Singapore 238859  
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- RadLink (Novena) Diagnostic Imaging Pte Ltd**  
 101 Irrawaddy Road #10-01 to 05, Royal Square @ Novena Singapore 329565  
 Tel: (65) 6836 0808 Fax: (65) 6565 7288

Alternatively, you may email us your referral forms to forms@radlink.com.sg

**Operating Hours: Monday - Friday: 8.30am - 5.30pm Saturday: 8.30am - 12.30pm**

**Radiological Examination Required**

**Clinical Findings**

- Asthma  No  Yes  
 Diabetes  No  Yes  
 Drug Allergy  No  Yes

Remarks:

For Office Use Only:

Old Films for comparison:  Yes  No

How many copies: \_\_\_\_\_

Received by: \_\_\_\_\_

**Appointment Date Appointment Time**

Full Name (Per NRIC/ Passport):

NRIC / Passport No:

Nationality:

Date of Birth/ Age:

Sex:

Contact Number:

Local Address:

Images	Results	Mode of Payment
<input type="checkbox"/> DVD <input type="checkbox"/> USB (For MRI & CT only) <input type="checkbox"/> Films <input type="checkbox"/> E- Portal Only	<input type="checkbox"/> To be Collected <input type="checkbox"/> To be Despatched	<input type="checkbox"/> Self Pay <input type="checkbox"/> Bill to Clinic <input type="checkbox"/> Bill Guarantor / Insurer Visit Number: _____

Patient's Next Appointment With Referring Doctor

Date Time

Doctor's Name:

Clinic Name:

Clinic Address:

Contact Number:

Doctor's Signature and Clinic Stamp:

Date:



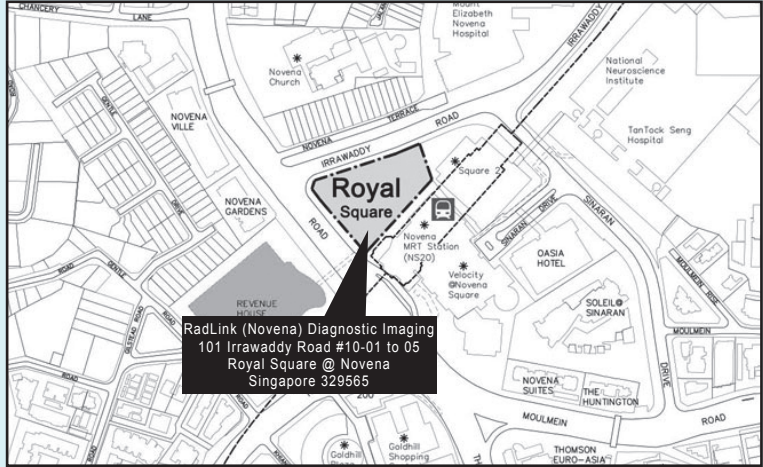
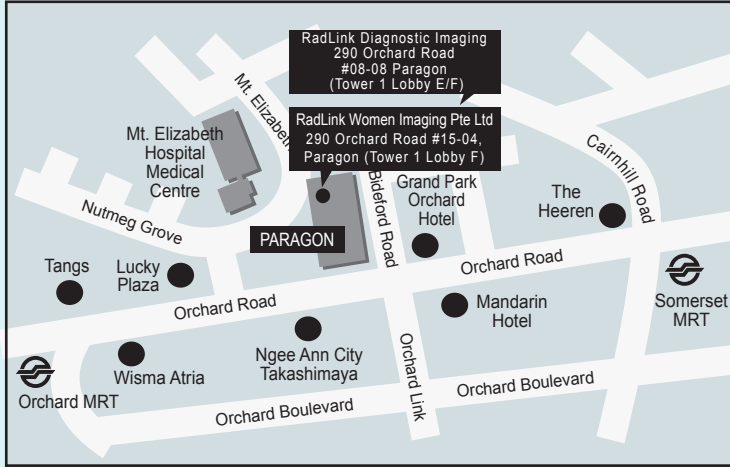
PRE NO. 164.03.14  
 02/06/2015



Scan to Download Patient Portal



Scan to Visit Our Website



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

Name: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_

For female patients please indicate Last Menstrual Period if relevant: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature / Date: \_\_\_\_\_