



Operating Hours:

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

**** No appointment for X-rays & ECGs. Scan for a Queue No.:**



**** 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
- ☐ Augmented Breasts (Additional views for breast implants)

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

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

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)

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 (*) or ☐ X-RAY FILMS or ☐ CD

* Please feel free to contact us for assistance

- ☐ Despatch to Clinic
- ☐ Urgent collection (urgent charges apply)
- ☐ Fax Result _____
- ☐ Wet Film Collection
- ☐ Collection

***BILLING :**

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

***First day of 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
1. ULTRASOUND ABDOMEN & PELVIS/PROSTATE No food and colored drinks for at least 6 hours prior to the examination. 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> .	40 mins	2. ULTRASOUND PELVIS/PROSTATE/KUB Patient is to drink 4 full glasses of water (1L) one hour before the examination and <u>DO NOT EMPTY THE BLADDER</u> .	20 mins
3. ULTRASOUND FULL ABDOMEN/HEPATOBIILIARY SYSTEM No food and colored drinks for at least 6 hours prior to the examination. Minimal amount of <u>PLAIN</u> water is allowed.	20 mins	4. MAMMOGRAM, ULTRASOUND BREASTS/THYROID/NECK No application of powder, lotion or perfume on the area of scan.	20 mins

