



# MEDICAL IMAGING

X - RAY & DIAGNOSTIC CENTRE SINCE 1984

## REQUEST FORM

### CAIRNHILL X-RAY & DIAGNOSTIC CENTER

290 Orchard Road, #15-04 Paragon (Tower Lobby 2)  
Singapore 238859 Tel: 6238 3610 Fax: 6738 5133

### ANG MO KIO X-RAY CLINIC & LABORATORY

Blk 422 Ang Mo Kio Ave 3 (St 42) #01-2516 Singapore 560422  
Tel: 6459 9806 Fax: 6455 9462

### TAMPINES STREET 11 X-RAY CLINIC

Blk 138 Tampines St. 11, Ave 2 #01-142 Singapore 521138  
Tel: 6785 7409 Fax: 6781 2703

#### Centre Opening Hours

Mon - Fri: 8.30am - 5.00pm (Lunch closed: 1.00 - 2.00pm)  
Sat : 8.30am - 1.00pm  
Sun : 9.00am - 12.00pm (At Ang Mo Kio Only)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F Tel: \_\_\_\_\_ Date: \_\_\_\_\_

Examination: \_\_\_\_\_ PP/NRIC No: \_\_\_\_\_

#### X-RAY

- |  |  |
|--|--|
| <input type="checkbox"/> Miniature Chest X-ray | <input type="checkbox"/> Apices        |
| <input type="checkbox"/> Large Chest X-ray     | <input type="checkbox"/> Abdomen (KUB) |
| <input type="checkbox"/> Chest - 2 views       | <input type="checkbox"/> Pelvis        |
| <input type="checkbox"/> Chest - 3 views       | <input type="checkbox"/> Sternum       |

#### SPINE

- Cervical Spine - AP & Lat
- Cervical Spine Series (AP, Lat, & Oblique)
- Thoracic Spine - AP & Lat
- Thoraco-lumbar Spine
- Lumbo-sacral Spine - AP & Lat
- Lumbo-sacral Spine Series (AP, Lat, & Oblique)
- Sacrum/Coccyx
- S.I. Joints
- Spine Complete

#### EXTREMITIES - Upper

- |   |  |
|---|--|
| <input type="checkbox"/> Clavicle                 | <input type="checkbox"/> Radius/Ulna             |
| <input type="checkbox"/> Shoulder                 | <input type="checkbox"/> Wrist Joint             |
| <input type="checkbox"/> Scapula                  | <input type="checkbox"/> Scaphoid                |
| <input type="checkbox"/> Humerus                  | <input type="checkbox"/> Hands                   |
| <input type="checkbox"/> Elbow                    | <input type="checkbox"/> Finger                  |
| <input type="checkbox"/> Acromio-Clavicular Joint | <input type="checkbox"/> Sterno-Clavicular Joint |

#### EXTREMITIES - Lower

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Hip  | <input type="checkbox"/> Ankle     |
| <input type="checkbox"/> Femur  | <input type="checkbox"/> Calcaneum |
| <input type="checkbox"/> Knee   | <input type="checkbox"/> Foot      |
| <input type="checkbox"/> Tibia/Fibula                                 | <input type="checkbox"/> Toe       |
| <input type="checkbox"/> Knee Series (AP, Lat & Patella/Skyline View) |                                    |

#### HEAD & NECK

- |  |  |
|--|--|
| <input type="checkbox"/> Skull - AP & Lat                                | <input type="checkbox"/> Lateral Neck      |
| <input type="checkbox"/> Skull - 3 views                                 | <input type="checkbox"/> Paranasal Sinuses |
| <input type="checkbox"/> Nasal Bones                                     | <input type="checkbox"/> IAM, Mastoids     |
| <input type="checkbox"/> T.M. Joints                                     |  |
| <input type="checkbox"/> Facial Bones (mandible, maxilla, zygoma, orbit) |  |

#### OTHERS

- ECG

#### X-RAY FILM/RESULTS:

- To despatch to doctor    Collect    Wet Film    Fax result

#### CHARGES

- Bill patient    Bill doctor    Managed Care No.

Not Pregnant: \_\_\_\_\_  
Signature

OFFICIAL USE: Radiographers \_\_\_\_\_ Receptionist \_\_\_\_\_

#### DENTAL RADIOGRAPHY

- |   |                  |
|---|------------------|
| <input type="checkbox"/> OPG & Lateral Cephalometry | (No Appointment) |
| <input type="checkbox"/> Orthopantomography (OPG)   | (No Appointment) |
| <input type="checkbox"/> Lateral Cephalometry       | (No Appointment) |

#### BY APPOINTMENT

- Intravenous Urogram (IVU)
- Mammogram (in Cairnhill & Ang Mo Kio only)
- Mammogram & Ultrasound Breast (in Cairnhill & Ang Mo Kio only)

#### DEXA BONE DENSITOMETRY - CAIRNHILL

- BMD Hip & Spine

#### WOMEN SCREENING PACKAGE - CAIRNHILL

- BMD Screen Package (Hip & Spine)
- Mammography
- Ultrasound (Breast)

#### ULTRASOUND EXAMINATIONS

- |   |   |
|---|---|
| <input type="checkbox"/> Hepatobiliary System (Liver/GB/Pancreas)       |   |
| <input type="checkbox"/> Full Abdomen (Liver/GB/Pancreas/Spleen/Kidney) |   |
| <input type="checkbox"/> Urinary System (Kidneys/Ureters/Bladder)       |   |
| <input type="checkbox"/> Full Abdomen and pelvis                        |   |
| <input type="checkbox"/> Abdominal Mass                                 |   |
| <input type="checkbox"/> Pelvis   | <input type="checkbox"/> Breasts          |
| <input type="checkbox"/> Thyroid  | <input type="checkbox"/> Soft Tissue Mass |

#### ULTRASOUND EXAMINATIONS - CAIRNHILL ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Scrotum (Testes)        | <input type="checkbox"/> Prostate        |
| <input type="checkbox"/> Parotid / Submandibular | <input type="checkbox"/> Inguinal Hernia |

OTHERS: \_\_\_\_\_

#### CLINICAL FINDINGS

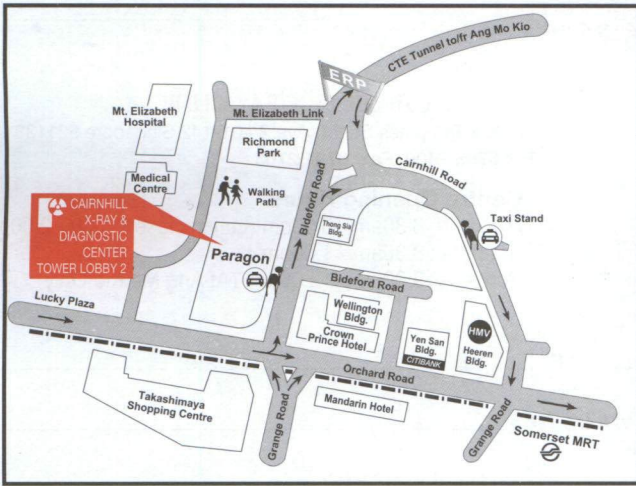
Clinic stamp/Doctor's name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**HOTLINE 6238 1221**

[www.medicalimaging.com.sg](http://www.medicalimaging.com.sg)



### CAIRNHILL X-RAY & DIAGNOSTIC CENTER

290 Orchard Road #15-04 Paragon (Tower Lobby 2)  
Singapore 238859  
Tel: 6238 3610 Fax: 6738 5133

#### TRANSPORT AVAILABLE

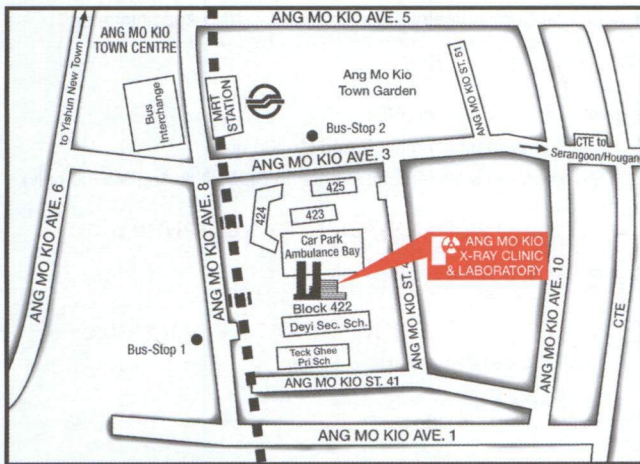
Parking : Paragon Car Park  
Nearest MRT : Orchard Station  
Taxi : Paragon Taxi Stand  
Bus Services :

In Front of Lucky Plaza:

7, 14, 16, 55, 85, 106, 111, 123, 502, 65M, SN30, 555, 625, 634

In Front of Heeren:

36, 77, 124, 143, 162, 167, 171, 174, 190, 512, 518, 700, 700A, SN30, 555, 603, 605



### ANG MO KIO X-RAY CLINIC & LABORATORY

Blk 422 Ang Mo Kio Ave 3 (St 42) #01-2516 Singapore 560422  
Tel: 6459 9806 Fax: 6455 9462

#### TRANSPORT AVAILABLE

Parking : HDB open car park in front of clinic  
Nearest MRT : Ang Mo Kio Station. Follow the MRT tracks towards Bishan  
Turn Left at Blk 424

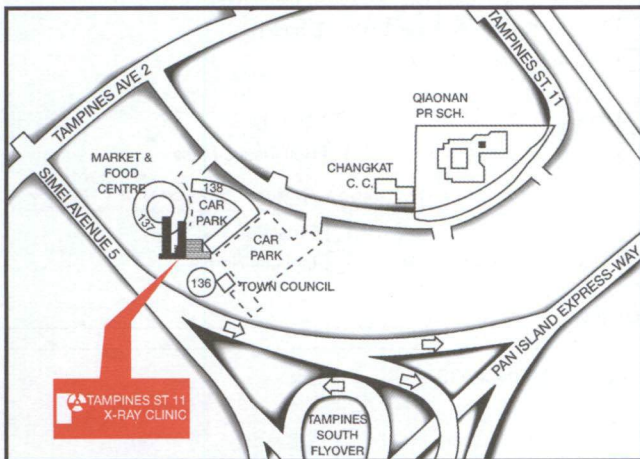
Bus Services :

In Front of Blk 422 :

22, 24, 135, 159, 162, 853, 262, 128

In Front of Blk 425 (Ave 3) :

25, 73, 74, 76, 88, 132, 165, 261, 268



### TAMPINES STREET 11 X-RAY CLINIC

Blk 138 Tampines St. 11, Ave 2 #01-142 Singapore 521138  
Tel: 6785 7409 Fax: 6781 2703

#### TRANSPORT AVAILABLE

Parking : Car park in front of clinic. Directly in front of Tampines Town Council and circular market.  
Nearest MRT : Tampines Station. Take feeder bus 292 stop at Changkat CC

Bus Services :

18, 28, 8, 17, 39, 59, 518 Express

- |   |                                 |  |
|---|---------------------------------|--|
|   | Approx. duration of examination |  |
| 1. <b>INTRAVENOUS UROGRAM (IVU)</b> 静脉注身腎盂造影<br>Take 2 Dulcolax tablets before retiring. Nothing to eat or drink 6 hours before the examination.<br>No dehydration for children/infants, renal failure & Diabetics.<br>晚上睡覺前, 服食2片 DULCOLAX 瀉藥<br>在檢驗前之六小時內不可進食或飲水, 但兒童, 嬰兒和糖尿病人不須要 | <b>1 HOUR</b>                   |  |
| 2. <b>ULTRASOUND HEPATOBILIARY SYSTEM/FULL ABDOMEN</b><br>Do not eat or drink 6 hours before the examination.<br>在檢查前六小時內, 不可進食或喝水  | <b>1/2 HOUR</b>                 |  |

- |  |                                 |
|--|---------------------------------|
|  | Approx. duration of examination |
| 3. <b>ULTRASOUND FULL ABDOMEN AND PELVIS</b><br>Do not eat, drink water to fill up bladder.<br>不可進食, 在檢查前喝清水以讓膀胱滿  | <b>45 MIN</b>                   |
| 4. <b>ULTRASOUND OF THE PELVIS</b><br>Drink 4 glasses of water one hour before the examination and DO NOT EMPTY YOUR BLADDER AFTER DRINKING.<br>在指定檢查之一小時前, 喝四大杯清水 | <b>1/2 HOUR</b>                 |
| 5. <b>MAMMOGRAM</b><br>Do not apply talcum powder or perfume. Bring latest mammogram films.  | <b>1/2 HOUR</b>                 |