NUHS Diagnostics

REQUEST FOR RADIOLOGICAL INVESTIGATION

Please bring along this form AND your Identity Card / Work Pass / Social Visit / Dependant's Pass / Birth Certificate / Passport or any legal documents by Immigration Department for verification during registration.

Patient's Information	Referral Information
Name: _____ **Gender:** M / F	Clinic Stamp:
NRIC / FIN / Passport No: _____ **Date of Birth:** D D / M M / Y Y Y Y	
Contact No: _____ (HP) _____ (Home)	Date of Request: _____

Patient's History

Relevant History / Findings:

Clinical Diagnosis:

☐ For treatment of chronic diseases under CDMP*

☐ Screening ☐ Others:

Remarks:

_____

MCR, Name & Signature of Requesting Doctor

Mandatory for Requesting Doctor to tick and fill in:

Female Patients (12-55 years old)

Patient's 1st day of Last Menstrual Period (LMP) is: _____

** If LMP > 28 days, UPT test is recommended with mandatory completion of Pregnancy Declaration on Page 2.

☐ **Female Minors 12 to 15 years** – parent/guardian to sign on pregnancy declaration (pg. 2). If unaccompanied, patient **cannot sign** Pregnancy Declaration.

☐ **Female Minors 16 to 20 years** - if unaccompanied, patient can sign Pregnancy Declaration (pg. 2)

All reports and images will be accessible in NEHR. Please tick accordingly:

Report Collection (please tick)	Report Type (please tick)	Payment Options (please tick)
☐ Dispatch to clinic	☐ Report Only	☑ Patient Self-pay
☑ Patient to collect	☐ Report and CD	☐ Bill Clinic
☐ No physical report needed	☐ Report and Films	

Please circle the code number of examination (s) requested.

Code	X-Ray - Head & Neck
500	Facial Bones
501	Nasal Bone
503	Lateral Neck Soft Tissue
505	Both Mandibles
506	Mastoids
507	Orbits
509	Sinuses, Paranasal
510	Skull (AP & Lat)
511	Temporo-mandibular Joints
512	Cervical Spine (AP & Lat)
513	Cervical Spine (Obliques)
514	Cervical Spine (Open mouth)
515	Cervical Spine (Flex & Ext)
Code	**X-Ray - Upper Limbs**
585	Acromio-clavicular Joints
586	Sterno-clavicular Joints
517	Clavicle (Right / Left)
518	Both Clavicles
519	Fingers (Right / Left)
520	Hand (Right / Left)
521	Both Hands
522	Humerus - Arm (Right / Left)
523	Both Humeri
524	Radius & Ulna - Forearm (Right / Left)
525	Both Radius & Ulna
526	Elbow Joint (Right / Left)
527	Both Elbow Joints
528	Shoulder Joint (Right / Left)
530	Both Shoulder Joints
529	Scapula (Right / Left)
589	Both Scapula
531	Wrist Joint (Right / Left)
533	Scaphoid Views (Right / Left)

Code	X-Ray - Head & Neck
593	Both Scaphoid Views
Code	**X-Ray - Lower Limbs**
534	Ankle Joint (Right/Left)
535	Both Ankle Joints
536	Femur (Right / Left)
537	Both Femurs
538	Foot (Right / Left)
539	Both Feet
540	Toes (Right / Left)
541	Calcaneum (Right / Left)
542	Both Calcanei
543	Both Calcanei - Lateral only
544	Hip Joint (Right / Left)
545	Both Hip Joints
546	Knee Joint (Right / Left)
547	Both Knee Joints Supine (AP & Lat)
598	Both Knee Joints AP Weight-bearing & Lat Supine
548	Skyline View (1 side)
594	Both Skyline Views
550	Tibia & Fibula - Leg (Right / Left)
551	Both Tibia & Fibula
Code	**X-Ray - Trunk**
552	Abdomen / KUB - Supine
553	Abdomen - Erect or Decubitus
555	Pelvis
556S	Chest - PA (No film unless requested)
557	Chest - PA & Lateral
588	Chest - Lateral (Right / Left)
587	Chest - Oblique (Right / Left)
559	Chest - Apical
590	Ribs - PA & Oblique (Right / Left)
561	Sternum

Code	X-Ray - Head & Neck
562	Thoracic Spine (AP & Lat) - Supine
563	Thoracic Spine (Obliques) - Supine
567	Lumbosacral Spine (Flex & Ext) - Supine
568	Lumbosacral Spine (AP & Lat) - Supine
569	Lumbosacral Spine (Obliques) - Supine
570	Sacrum
571	Coccyx
Code	**Ultrasound #+**
600	Liver / Hepatobiliary System
601	Kidneys
602	Pelvis
603	Abdomen (Liver & Kidneys)
605	Kidneys & Bladder
610	Thyroid
Code	**Screening Mammogram #+**
572	Screening Mammogram, Non-BSS
578	Mammogram BSS - Singaporean
578PR	Mammogram BSS - PR
Code	**Bone Mineral Densitometry (Dexa) +**
900	Bone Mineral Densitometry (BMD)
Code	**Additional Requests**
573	Additional View
992	Film Printing (per film)
993	CD Printing (per CD)
994	Copy of Report

Book Appointments

Mammogram	Ultrasound / BMD
	

* Chronic Disease Management Programme + By Appointment, please scan the QR code.

Preparation required. Please refer to www.nuhs.edu.sg/nuhs-diagnostics for instructions.

PREGNANCY DECLARATION

1. With reference to the stated LMP (pg. 1), I acknowledge the nature and purpose of the radiological investigation, and that there may be risks and possible side effects on (any possible) foetus if investigation is to proceed.
2. I hereby declare that I am not pregnant / my child is not pregnant / my ward is not pregnant *(please circle accordingly).*
3. I have understood the above, considered the risks and give consent to have radiological investigation done on me / my child / ward *(please circle accordingly).*

Signature of Patient/Parent/Guardian *(please circle accordingly).*	Please specify relationship to patient: Name: NRIC/FIN/Passport no.:
For doctor's use only I confirm that I have explained a) the medical condition that requires radiological investigation b) the nature, benefits of the radiological investigation, and likelihood of successful treatment following radiological findings c) that there may be risks and possible adverse effects on the foetus if the above-mentioned patient is pregnant d) alternative treatment(s) / management plan(s) if X-ray is not done and possible results of non-treatment e) to the consenting person who acknowledged, having understood fully and signed the same above, in my presence on the same date. ☐ UPT **accepted** and to be done at NUHS Diagnostics *Charges apply ☐ UPT **declined** and to proceed with radiological investigation	**For radiographer's use only** Urine Pregnancy Test (UPT) done on (Date: _____) Result: ☐ I confirm that I have checked that UPT result is **NEGATIVE** and will proceed with the radiological investigation. ☐ I confirm that I have checked that UPT result is **POSITIVE.** I will send the patient back to referring doctor for further management. Spoken to Clinic staff / Requesting Doctor: Name: _____ Date: _____ Time: _____ ☐ Not contactable
Name, MCR no., & Signature of Requesting Doctor Date:	**Name & Signature of Radiographer** Date:

Locations

NUHS Diagnostics @ Bukit Batok Polyclinic
50 Bukit Batok West Avenue 3, Singapore 659164
Diagnostic Imaging – Level 1

NUHS Diagnostics @ Bukit Panjang Polyclinic
50 Woodlands Road, Singapore 677726
Diagnostic Imaging – Level 4

NUHS Diagnostics @ Choa Chu Kang Polyclinic
2 Teck Whye Crescent, Singapore 688846
Diagnostic Imaging – Level 2

NUHS Diagnostics @ Clementi Polyclinic
451 Clementi Ave 3, #02-307, Singapore 120451
Diagnostic Imaging – Level 2

NUHS Diagnostics @ Jurong Polyclinic
190 Jurong East Avenue 1, Singapore 609788
Diagnostic Imaging – Level 1

NUHS Diagnostics @ Pioneer Polyclinic
26 Jurong West Street 61, Singapore 648201
Diagnostic Imaging – Level 2

NUHS Diagnostics @ Queenstown Polyclinic
580 Stirling Road, Singapore 148958
Diagnostic Imaging – Level 3