

REQUEST FOR DIAGNOSTIC RADIOLOGY SERVICES

SHP DIAGNOSTIC RADIOLOGY

Ultrasound services are only available at Bedok, Outram, Punggol and Tampines Polyclinic. Make an appointment before visit.

- SingHealth Polyclinics - Bedok
11 Bedok North Street 1,
#03-01 Heartbeat@Bedok
Singapore 469662
Tel: 6202 1048
Fax: 6446 7052
- SingHealth Polyclinics - Bukit Merah
Blk 163 Bukit Merah
Central #04-3565
Singapore 150163
Tel: 6350 7413
Fax: 6272 6220
- SingHealth Polyclinics - Marine Parade
Blk 80 Marine Parade Central
#01-792
Singapore 440080
Tel: 6350 7316
Fax: 6348 2024
- SingHealth Polyclinics - Outram
3 Second Hospital Avenue,
#04-03, Health Promotion Board
Building, Singapore 168937
Tel: 6350 7395
Fax: 6435 6171
- SingHealth Polyclinics - Pasir Ris
1 Pasir Ris Drive 4
#01-11
Singapore 519457
Tel: 6350 7332
Fax: 6585 2524
- SingHealth Polyclinics - Punggol
681 Punggol Drive
#02-01
Singapore 820681
Tel: 6718 2094
Fax: 6444 0682
- SingHealth Polyclinics - Sengkang
2 Sengkang Square
Sengkang Community Hub
#01-06
Singapore 545025
Tel: 6350 7378
Fax: 6343 8755
- SingHealth Polyclinics - Tampines
1 Tampines Street 41
Singapore 529203
Tel: 6350 7347
Fax: 6783 0157

Name	:	_____
NRIC	:	_____
Age & Gender:	:	_____
Contact No. (Patient)	:	_____
Contact No. (Next-of-Kin)	:	_____
Address	:	_____

INVESTIGATION REQUIRED

CLINICAL DIAGNOSIS / RELEVANT HISTORY

1. Do you require a copy of the printed film and report? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you have the access to NEHR? <input type="checkbox"/> YES <input type="checkbox"/> NO

_____ Name of Referring Doctor / Date	_____ Clinic Address (Stamp)
_____ Signature of Doctor	_____ Contact Number

FOR PREGNANCY RULE	FOR INTERNAL USE
I have been advised that this radiological procedure may have adverse effect on the foetus and I hereby confirm that I am not pregnant. _____ Signature of Patient/ Date LMP : _____	<u>APPOINTMENT</u> Date : _____ Time : _____ AM/PM Room : _____

Radiographer's notes: No. of Images / CD / films: Radiographer Initial: _____	Patient's sticker:
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