



REQUEST FOR PRINTING OF X-RAY FILMS

SHP DIAGNOSTIC RADIOLOGY

I	Name : _____ MRN : _____ Referring Clinic : _____ Performing Centre : _____												
Note: Sections II and III are to be completed													
II	Please indicate the types of examinations, date of studies and accession number of images to be printed. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="4" style="text-align: center; padding: 5px;">Examinations/ Dates</th> </tr> <tr> <th style="width: 25%; padding: 5px;">Plain X-Ray</th> <th style="width: 25%; padding: 5px;">Mammogram</th> <th style="width: 25%; padding: 5px;">Ultrasound</th> <th style="width: 25%; padding: 5px;">Others</th> </tr> </thead> <tbody> <tr> <td style="height: 200px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Examinations/ Dates				Plain X-Ray	Mammogram	Ultrasound	Others				
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Plain X-Ray	Mammogram	Ultrasound	Others										
III	I hereby request for printing of my x-ray images Signature : _____ Date : _____												
IV	I hereby acknowledge the receipt of x-ray films images requested Name in full : _____ Signature : _____ Date : _____												

Please note that printing is only for examinations which are done at SHP Diagnostic Radiology.

The waiting time for printing of films/report are as follows:

- X-ray done on the same day - approximately 30 minutes.
- X-ray not done on the same day - waiting time will be advised.