

Client Information

Name of Patient: _____ Tel No.: _____
Gender / Age / D. O. B.: _____ Appointment Date & Time: _____

Referring Doctor's Information

Name: _____ Tel No.: _____

Payment

___ On Doctor's Account ___ Cash ___ Medical Insurance

Report

___ Routine ___ Urgent ___ Wet film

Clinical History & Diagnosis

Radiological Examination (Please Book Appointment and Bring Previous Films for Comparison)

X-ray _____

CT Scan _____ Plain / Plain & Contrast / Contrast Optional

Ultrasound _____

Mammogram _____

Dexa _____ ECG (Resting) _____

Laboratory Test

- Urine Routine
- Urine C & ST
- CBP
- RFT
- LFT
- Lipid
- Glucose

Others: _____

For Office Use:

Previous surgery: _____
On medication: _____
Stent: _____
Allergy: _____
Prednisolone: _____
Hydrocortisone: _____
Pathology film: _____
Old report: _____
Old film: _____
Follow up: _____
No record here before _____