



RADIOLOGY REQUEST FORM

Examination

	TYPE	SELECTED	
		Yes	No
1.	Patient Pregnant?		
2.	Last Menstrual Period (LMP):		
3.	IV Contrast		
4.	Previous History of Allergy		
Mammogram/Bone Densitometry			
1.	Mammogram Only		
2.	Bone Densitometry (DEXA)		
3.	Mammogram+Ultra sound Breast		

Tick Above

MRI (Please Complete the checklist)

	TYPE	SELECTED
1.	Brian	
2.	Cardiac	
3.	Upper Abdomen	
4.	Brain (Included MRA)	
5.	Stroke Package	
6.	Lower Abdomen	
7.	Shella/Pituitary	
8.	Whole Abdomen	
9.	Np Package	
10.	Spine	

X-Ray/ Fluoroscopy

	TYPE	SELECTED
1.	Chest	
2.	Abdomen	
3.	Spine	
4.	Barium Meal	
5.	Barium Enema	
6.	Barium Swallow	
7.	Pelvis	
8.	KUB	
9.	Intravenous Urogram(IVU)	
OTHERS		
10.		
11.		
12.		
13.		

Type Above and use the tick on the right to select your entry

CT

	TYPE	SELECTED
1.	Brain	
2.	Sinus	
3.	Thorax	
4.	Upper Abdomen	
5.	CTCA with Ca++ Score	
6.	Low Dose Lung	
7.	Lower Abdomen(Pelvis)	
8.	Hypertension Package	
9.	Whole Abdomen	
10.	CT Urogram	

Tick Above

MRI-Checklist

	MEDICAL HISTORY	SELECTED
❖	Pregnant	
❖	Heart Disease	
❖	Arrhythmia	
❖	Hypertension	
❖	Diabetes Mellitus	
❖	Claustrophobia	
❖	Intravascular Stent	
❖	Cardiac Pacemaker	
❖	Implant/ Operation	
❖	Valvular Replacement	

Tick Above

Ultra Sound

	TYPE	SELECTED
1.	Upper Abdomen	
2.	Pelvis (TA/TV)	
3.	Kidneys	
4.	Thyroid	
5.	Neck	
6.	Prostate (TA/TR)	
7.	Breast	

COMMENTS

Type Your Comments Below

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