

Name of Patient: NRIC/PP No.: Date of Birth: Mobile No: Gender:	Scan Appointment Date & Time:
	TCU Appointment Date & Time: Location:
	<input type="radio"/> Report only <input type="radio"/> Wet films only <input type="radio"/> CD only

Related Scans for Comparison: <input type="radio"/> No <input type="radio"/> Yes. Date: _____	Billing: <input type="radio"/> Pay at DX Imaging <input type="radio"/> Bill Clinic
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Patient Declaration:
 I am not Pregnant
 My Last Menstrual Period (LMP) Date: _____ Signature: _____

DX Imaging Centres and Modalities

Modalities	Royal Square	Novena	Orchard	Tanglin	Eunos
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Mineral Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Radiological Tests Required:

Contrast: No Yes

Clinical Notes/History:

Drug/Contrast Allergy: No Yes. Indicate: _____

Referring Practitioner's Name and Signature:	Name of Radiologist:
	Name of Radiographer:

DX IMAGING @ NOVENA

10 Sinaran Drive
Novena Medical Center, #09-02/03
Singapore 307506

Tel: 6264 8413 Fax: 6264 8403
WhatsApp: 9712 0235

Novena@dximaging.com.sg

Mon - Fri: 9.00am - 6.00pm*
Sat: 9.00am - 1.00pm

DX IMAGING @ ROYAL SQUARE

101 Irrawaddy Road
Novena Royal Square, #16-03/4/5/6
Singapore 329565

Tel: 6694 3431 Fax: 6694 1431
WhatsApp: 9724 8048

RoyalSquare@dximaging.com.sg

Mon - Fri: 9.00am - 6.00pm*
Sat: 9.00am - 1.00pm

DX IMAGING @ ORCHARD

302 Orchard Road
Tong Building, #15-02/04
Singapore 238862

Tel: 6993 9728 Fax: 6993 9730
WhatsApp: 9651 4103

Orchard@dximaging.com.sg

Mon - Fri: 9.00am - 6.00pm*
Sat: 9.00am - 1.00pm

DX IMAGING @ TANGLIN

1 Orchard Boulevard
Camden Medical Centre, #03-03
Singapore 248649

Tel: 6235 3998 Fax: 6235 4007
WhatsApp: 9723 9561

Tanglin@dximaging.com.sg

Mon - Fri: 9.00am - 6.00pm*
Sat: 9.00am - 1.00pm

DX IMAGING @ EUNOS

160 Changi Road
Hexacube, #02-07
Singapore 419728

Tel: 6993 9781 Fax: 6993 9783
WhatsApp: 9235 4978

Eunos@dximaging.com.sg

Mon - Fri: 9.00am - 6.00pm*
Sat: 9.00am - 1.00pm

* No walk-in from 1 - 2 pm



Scan the QR code to visit
our website for maps to
our centres and FAQs