Aurelius Hospital NEGERI SEMBILAN

AURELIUS HOSPITAL NEGERI SEMBILAN
Formerly known as Aurelius Hospital Nilai
c/o Aurelius Hospitals Sdn. Bhd. (335715-T)
www.aureliushealth.com/negerisembilan

PT 13717 Jalan BBN 2/1, Bandar Baru Nilai,
71800 Nilai, Negeri Sembilan.
06-8505 000

RADIOLOGY EXAMINATION REQUEST FORM

CHARGE TO CLINIC		CLINIC WITH CREDIT FACILITY	YES	NO

1. NAME (IN BLOCK):	2. ADDRESS:	*FOR OFFICE USE*
		DATE: *X-RAY NO:* *FILM AMOUNT:*
		APPOINTMENT:
		DATE: *TIME:*

3. RACE:	4. IDENTITY CARD NO:	5. SEX:	6. DATE OF BIRTH:	7. AGE:
8. HOSPITAL REGISTRATION NO:			9. ROOM NO / CLINIC:	
10. CONSULTANT / SPECIALIST:			11. DATE & TIME:	
12. CONTRAST: ☐	13. ALLERGY:		14. LNMP:	15. PREGNANT: YES / NO

16. EXAMINATION REQUESTED:

☐ X-RAY ☐ ULTRASOUND ☐ MAMMOGRAM ☐ ANGIO

☐ C.T. ☐ MRI ☐ OTHERS (SPECIFY):

AREA TO BE EXAMINED:

17. CLINICAL DATA:

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NAME | SIGNATURE | STAMP OF DOCTOR

18. RADIOLOGY REPORT:

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NAME | SIGNATURE | STAMP OF RADIOLOGIST
DATE: