

Request Form

DATE _____

Patient's Information		Surname:		First name:		Middle Initials:	
Age:	Date of Birth:	DD / MM / YY	Sex:	Phone No.	Cell:		
			M <input type="checkbox"/> F <input type="checkbox"/>				

Doctor's Information		Name:		Email:			
Address:		Phone No.:			Fax:		

Examination Requested (Please tick / indicate below)
CLINICAL HISTORY:

CT Scan

Abdomen Chest, Abdomen & Pelvis Sinuses
 Abdomen & Pelvis Facial Bones / Orbits Spine C T L (circle one or more)
 Brain KUB Temporal Bones
 Chest Neck Urogram
 Chest & Abdomen Pelvis Other

CT Angiogram

Aorta Carotids Cerebral Pulmonary Upper Limbs Other

Ultrasound

Abdomen KUB Thyroid
 Arterial L R MSK Venous Lower / Upper L R
 Breast L R Obstetric Other
 Carotids - Bilateral Pelvis
 Eye Scrotal

Fluoroscopy

Barium Enema Barium Meal Barium Swallow H.S.G MCUG Urethrogram Other

PROCEDURES

Biopsy IUD insertion or removal Pap Smear
 Colonoscopy (Virtual) IV Fluids Prostate Biopsy
 CT Guided Biopsy Mass (lump) removal Ultrasound guided biopsy
 Fine Needle Aspiration Cytology (FNAC) Microneedling (Skinpen) Other
 Hysteroscopy Nasal/nasopharyngeal endoscopy

X-Ray

Abdomen Forearm L R Pelvis
 Ankle L R Hand L R Shoulder L R
 Chest Hip L R Spine C T L
 Elbow L R Humerus L R Tib/Fib L R
 Femur L R Knee L R Wrist L R
 Foot L R KUB Other

MRA MRV

Brain Carotid Lower Limbs Other

MRI

Abdomen / MRCP IAMs Prostate
 Ankle L R Knee L R Shoulder L R
 Brain Orbits Spine C T L
 Foot L R Pelvis Wrist/Hand L R
 Hip L R Pituitary Fossa Other

Report

Deliver Email Fax Patient will pick up

Images

Referral Forms Required Send CD Send Films with Patient

DOCTORS BOOK AND USE OUR FACILITIES

Book use of our Medical Procedure Room
 Book use of our Operating Theatre
 Book use of Fluoroscopy suite

BLOOD TESTS

Hematology Panel: HB, HCT, MCHC, TOTAL WBC
 (GRANULOCYTES, %GRANULOCYTES, LUMPS + MONOS, % LYMPHS + MONOS, PLATELETS)

CHEM8+(NA,K,Cl-, Anion gap, Ionised Ca²⁺, Glu,BUN, Cr,Hb,Hct, tot Co₂)
 E3 + (Na, K, Hb, Hct) PT/INR cTnl CK-MB

Lipid panel (CHOL, CHOL/HDL*, nHDLc*, HDL, LDL*, TRIG, VLDL*)

Comprehensive Metabolic Panel
 (ALB, ALP, ALT, AST, BUN, Ca, Cl-, CRE, GLU, K+, Na+, TBIL, tCO₂, TP)

OTHER TESTS

Blood Glucose Echocardiogram HIV(Rapid) + Syphilis (VDRL)
 Chlamydia & Gonorrhea (Rapid) Employment Medical Pregnancy test
 COVID 19 Antigen test HBA1c School Medical
 ECG HIV (Rapid) Other