Patient Details

Name

Sex

NRIC

DOB

Contact

Quantum Medical Imaging Pte. Ltd.
12 Kallang Avenue, #02-05/06,
Aperia Mall, S (339511)
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@: info@quantummed.sg

Monday - Friday	:	**9am - 9pm**
Saturday	:	**9am - 1pm**
Sunday / PH	:	**closed**

Reason for Exam

Clinical diagnosis / relevant history

Appointment

Appt Date

Appt Time

Radiology Exam

Exam required

IV Contrast:

- ☐ *Yes*
- ☐ *No*
- ☐ *Radiologist Discretion*

eGFR Test:

- ☐ *Required*
- ☐ *Not Required*

Radiology Report

Clinic:

- ☐ Courier
- ☐ Fax

Patient:

- ☐ Film
- ☐ CD

Referring Clinician

Referrer name / signature / contact

Order date

Pregnancy *(if applicable)*

Patient signature / date

“I am not pregnant”