



BOOKING / ENQUIRIES

(65) 8787 8786 - (65) 9010 1346

Name: _____
 NRIC/PP: _____ Male Female
 DOB: _____ Tel: _____
 Hospital: _____

Stick patient label here, if any

Patient is Subsidized Private

TCU Date/Time: _____

Urgent NO YES (Urgent charge \$100)

Indicate as urgent to receive scans and report within 1 day after scan

Appointment Date & Time: _____

MRI Centre:

- RadLink Paragon**
290 Orchard Road
#08-08 Paragon Medical S238859
(Take Tower 1 Lift E or F)
- RadLink Novena**
101 Irrawaddy Road
#10-01 to 05 Royal Square at
Novena, S329565
- Quantum Medical Imaging**
12 Kallang Ave, #02-05/06
Aperia Mall, S339511
(Lavender /Bendemeer MRT)
- Lifescan Paragon Orchard**
290 Orchard Road #07-18 to 20
Paragon S238859
(Take Lift C)
- Lifescan Novena**
10 Sinaran Drive #08-02 to 04
Novena Medical Center
S307506
- StarMed Specialist Centre**
12 Farrer Park Station Road,
#06-01 Singapore, S217565
(Farrer Park MRT, Exit A)
- Singapore Centre for Medical Imaging (CMI)**
290 Orchard Road #09-23/27 Paragon
S238859 (Take Lift C)
- MRI Diagnostics Novena**
8 Sinaran Drive #05-02
Novena, Specialist Centre
S307470
- Farrer Park Hospital Imaging**
1 Farrer Park Station Rd,
#02-01 Connexion, S217562
(Farrer Park MRT, Exit C)
- Precious Diagnostic Imaging**
290 Orchard Road #12-01 Paragon
S238859 (Take Tower 1 Lift E or F)
- MRI Diagnostics Tanglin**
1 Orchard Boulevard #03-03
Camden Medical Centre
S248649

Report collection:

Self-collect at MRI centre

Receive via email

Email: _____

Price: _____

RADIOLOGICAL EXAMINATION REQUEST/S

CLINICAL DIAGNOSIS / CURRENT PROBLEM

NAME & SIGNATURE/STAMP OF REQUESTING DOCTOR

DATE: _____

TEL: _____

- CONTRAST NEEDED** YES NO
METAL IMPLANTS YES NO
HYPERTENSION YES NO
DIABETES YES NO

- LAST CREATININE LEVELS:** _____
RENAL DISEASE YES NO
ASTHMA YES NO
DRUG ALLERGY YES NO

REMARKS:

PATIENT ACKNOWLEDGEMENT:

By proceeding with the scan detailed in this form, you (the patient),

- consent for Optimimed to collect, use, process, disclose, and retain your medical information for relevant administrative and delivery purposes.
- understand that **ONLY Medisave is reimbursable** for the engagement of Optimimed’s services, and **NOT other medical benefit schemes** such as CSC, PG, 11B etc.
- understand that Optimimed will act in full accordance with the Personal Data Protection Act of 2012. You also understand that Optimimed’s data protection policy is available at <http://www.optimimed.org/legal>, and that it provides information on how you can withdraw your consent for Optimimed’s retention of your personal data.
- understand that you may be required to undergo additional radiological examinations and scans (eg contrast scan) on the advice of radiologists at the imaging centre. You will be informed of any additional charges and your approval will be sought before the additional procedures are performed.

Name & NRIC of Patient	Signature of Patient / Date
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INSTRUCTIONS FOR PROCEDURES (SEPARATE INSTRUCTIONS WILL BE GIVEN FOR PET/CT SCANS)

- CT SCAN (WITH CONTRAST) / CT ABDOMEN / CT PELVIS
No food and drinks for at least 4 hours before the examination
- MRCP / MR PANCREAS/ MR LIVER / MR ABDOMEN / MR PELVIS
No food and drinks for at least 6 hours before the examination
- MAGNETIC RESONANCE IMAGING (MRI)
Please inform us if you are claustrophobic.
- ULTRASOUND PELVIC
Drink 4 glasses of water one hour before the examination. Do not empty bladder.
- ULTRASOUND OF ABDOMEN/GALL BLADDER/LIVER/PANCREAS
No food and drink at least 6 hours before the examination.