

HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Kod Dokumen: HSAAS/RADIO/BR61

RADIOLOGICAL EXAMINATION REQUEST FORM

TO BE FILLED BY THE APPLICANT				TO BE FILLED BY RADIOLOGY DEPARTMENT								
PATIENT DETAILS				APPOINTMENT								
(Kindly stick patient sticker)							URGENT EARLY NOF				NORMAL	
Name			APPOINTMENT CATEGORY				OKGENT		EARLI		NORIVIAL	
Registration No.			Date :									
Identity Card No.			Appointment Date :									
Age			Appointment Time :									
Clinic / Ward			Received by :			Vetting Specialist/MO:						
Bed No												
Weight kg			EXAMINATION REMARKS									
			Registration Date :			Registration Time:						
Pregr	nant : YES/N	10	Examin	Examination Start Time :			Examination Finish Time :					
11:04 0		- (NO								1.	\/	
History of Allergy/Asthma : YES/NO			Radiographer				Exposure Factor				Vp: nAs:	
		EXA	AMINATI	ION DETAI	IL	S					1/13.	
Date	of Request :		Examination Priority					Т	URGENT		ROUTINE	
	To Be Examined			-	-	/						
	eneral X-Ray	Computed Tomog	raphy Scan Bone Mineral D			ensitome	etrv					
	Ultrasound Magnetic Resonand						- /					
Mobile General X-Ray Mobile Ultrasound												
Interventional Radiology (Please Specify)												
Relevant Clinical Details												
Medi	cal Officer		Referring Consultant									
				Official C+								
Official Stamp				Official Stamp								

Please indicate (/) in the a TO BE FILLED BY SPECIALIS		REMARK		
		/		
A - AIRWAY	Intubated			
	Respiration Rate >25/minute			
B- BREATHING	Moderate - High oxygen therapy (>5 litres)			
	Low O ₂ Saturation :%			
	Hypotensive / Hypovolemic Shock			
C- CIRCULATION	Hypertensive (BP >180/140)			
	Life Threatening Arrythmias			
GCS	Low GCS :			
Quarantine Patient	High Risk			
Please state other risk (if a	any)			

NOTES:

- a. Post Catheter/Ryle's Tube Placement (For ICU/HDU ONLY)
- b. Routine Mobile X-Ray will be rejected for patient who have the following indication;
 - Clinically stable and no critical changes
 - Minor chest trauma
 - Upper respiratory tract infection
 - Uncomplicated acute exacerbation of athma or COPD
 - Thoracic aneurysm follow up
 - Screening for lung cancer in asymptomatic patients
 - Chronic chest pain/chronic abdominal pain.

However the clinical judgement of the attending physician will be taken inti account after obtaining a consultation from radiologist

Specialist/Medical Officer