SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
RADIOLOGY EXAMINATION APPLICATION FORM

1. Name: *(Capital Letter)*					**FOR OFFICIAL USE ONLY**	
2. Address:					23. Date:	24. X-ray Number:
3. NRIC/Passport No.:	4. Race:	5. Gender:	6. Date of birth:	7. Age:	25. Room:	26. Received Time:
8. RN:		9. Ward / Clinic:			27. Radiographer:	
					28. Exposure Factor:	
10.Specialist / Consultant:		11. Date & Time:				
12.Government Servant: ☐ Yes ☐ No		13. Class:	14. Fees: ☐ Pay ☐ Free		29.Total Film & Measurement	30. End Time
15.Asthma/ Allergic :		16. Body Weight:	17. Pregnant: ☐ Yes ☐ No			
18.Patient Condition ☐ Wheelchair ☐ Trolley ☐ Walking			19. ☐ Easy to ambulate		31. Comment:	
20.Examination: ☐ X-Ray ☐ Ultrasound ☐ M.R.I ☐ Angio ☐ C.T ☐ Others (Specify)..... Specify the part:					32. Appointment	
					Date	Time

21.Clinical Data:

LMP:

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Name, Signature & Specialist Stamp / Medical Officer Stamp

22.Radiology Report:

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Name, Signature & Radiologist Stamp

Date: .....