



**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**DEPARTMENT OF RADIOLOGY**  
**PATIENT PREPARATION FORM - X-RAY KUB EXAMINATION**  
**BORANG PERSEDIAAN PESAKIT – PEMERIKSAAN X-RAY KUB**

NAME: NAMA :	REGISTRATION NO: NO PENDAFTARAN:	
NRIC/PASSPORT NO: NO KAD PENGENALAN/NO PASPORT:	WARD/DEPARTMENT: WAD/JABATAN:	
DATE: TARIKH:	TIME: MASA:	am/pm pagi/petang

**PLEASE FOLLOW THE INSTRUCTIONS BELOW:**

*SILA PATUHI ARAHAN DIBAWAH:*

**A day before examination (Date: )**

*Sehari sebelum pemeriksaan (Tarikh: )*

1. Please only eat some light meals in the afternoon such as porridge, bread and biscuits  
*Mulai tengahari, makan makanan ringan sahaja: bubur nasi kosong, roti atau biskut.*
2. Please do not eat meat, vegetables, fruits and milk  
*Adalah dilarang mengambil makanan berasaskan daging, sayur-sayuran, buah-buahan dan susu*
3. Please drink about 8 to 10 glasses of plain water daily  
*Sila minum air yang banyak, sekurang-kurangnya 8 gelas sehari*
4. Please take 3 tablets of Ducolax at 10.00 pm  
*Sila makan 3 biji ubat Ducolax pada pukul 10.00 malam*

**On examination day (Date: )**

*Hari pemeriksaan (Tarikh: )*

1. You are not allowed to eat and drink, except for the medications as prescribed by the doctor.  
*Tidak dibenarkan makan dan minum kecuali ubatan-ubatan yang diarahkan oleh doktor.*

**IMPORTANT:**

*PENTING:*

1. You are requested to arrive at the predetermined date and time.  
*Anda diminta hadir pada tarikh dan masa yang ditetapkan.*
2. Please bring along this form.  
*Sila bawa borang ini bersama.*