โรงพยาบาลสิรินธร

DEPATMENT OF RADIOLOGY

REQUEST X-RAY

HN......................................AN..................................DATE..

NAME...AGE.....................SEX [ ] Male [ ] Female

PHONE...................................[ER [ ] OPD.................. [ ] WARD.....................

TUBE [ ] Yes [ ] No IV. [ ] Yes [ ] No

REQUEST BY.......................................DATE...............................TIME.......................

Clinal diagnosis : ....

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เขียนไม่พอพลิกด้านหลัง

CHEST

( ) Chest PA
( ) Chest Lat. ( )Lt. ( )Rt.
( ) Chest Lat. Decubitus ( )Lt. ( )Rt.
( ) Chest PA Portable
( ) Other ....

HEAD & NECK

( ) Skull ( )AP ( )Lat.
( )Towne ( )Water s
( ) Sinus
( ) Mandible ( )AP ( )Obl.
( ) Nasal bone
( ) Other...

EXTREMITIES

( ) Shoulder ( )Lt. ( )Rt. [AP Lat]
( ) Clavicle ( )Lt. ( )Rt. [AP , Lat]
( ) Humerus ( )Lt. ( )Rt. [AP , Lat]
( ) Elbow ( )Lt. ( )Rt. [AP , Lat]
( ) Forearm ( )Lt. ( )Rt. [AP , Lat]
( ) Wrist Joint ( )Lt. ( )Rt [AP , Lat]
( ) Hand ( )Lt. ( )Rt. [AP Obl]
( ) Hip ( )Lt. ( )Rt. [AP Lat]
....
( ) Femur ( )Lt. ( )Rt. [AP , Lat]
( ) Knee ( )Lt. ( )Rt. [AP , Lat]
( ) Leg ( )Lt. ( )Rt. [AP Lat]
( ) Ankle ( )Lt. ( )Rt. [AP , Lat]
( ) Foot ( )Lt. ( )Rt. [AP , Obl]
( ) Other..

SPINE

( ) C- Spine ( )AP ( )Lat. ( )Obl.
( ) T- Spine ( )AP ( )Lat. ( )Obl.
( ) T-L Spine ( )AP ( )Lat. ( )Obl.
( ) L-S Spine ( )AP ( )Lat. ( )Obl.
( ) Sacrum ( )AP ( )Lat.
( ) Coccyx ( )AP ( )Lat.
( ) Other ....

ABDOMEN

( ) Plain Abdomen ( )Supine ( )Upright
( ) Plain KUB
( ) Other...

MRI

( ) MRI Brain ....
( ) MRV...
( ) Other..
( ) Other..

SPECIAL

( ) BE
( ) Esophagogram
( ) Upper GI
( ) Long GI
( ) I.V.P.
( ) Voiding cystogram
( ) Hysterosalpingogram
( ) Other ....
( ) Other ....
( ) Other ....

US

( ) US Upper Abdomen
( ) US Lower Abdomen
( ) US Whole Abdomen
( ) US KUB
( ) US Kidney
( ) US Doppler
( ) US Parotid gland
( ) US Thyroid
( ) US Testis
( ) Other ....

CT

( ) Brain ....
( ) Chest ....
( ) Upper Abdomen..............................
( ) Lower Abdomen..............................
( ) Whole Abdomen ....
( ) Spine..
( ) Pelvis..
( ) Other..
( ) Other..
( ) Other..

Film	8x10	10x12	11x14	12x15	12x16	14x17	7x17
Number							

Radiographic technique : kV............mAs.............Technologist..................................station.

*** [illegible] CT , MRI [illegible] BUN ....Creatinin...........***

FM-RAD01-GEN0[illegible] Rev.0[illegible]