Al Durrah
RADIOLOGY CENTER

Advanced Imaging Technology

Imaging Request Form

Date: / /

Patient Information:

Name: Mr/ Mrs/ Ms/Child _____

Gender: ☐ M ☐ F LMP Date: / /

Mobile: _____ Date of Birth: / /

Clinical Data:

_____

_____

_____

Investigation Required :

- ☐ MRI _____
- ☐ Multislice CT _____
- ☐ Ultrasound _____
- ☐ 4D Ultrasound _____
- ☐ X-ray _____
- ☐ Hysterosalpingography (HSG) _____
- ☐ Color Doppler _____
- ☐ Mammography _____
- ☐ Bone Densitometry (DEXA) _____
- ☐ Dental Panorama _____
- ☐ Others (Please Specify) _____

Referring Doctor Information:

Signature (Stamp)

Name: _____

Clinic / Hospital: _____

FREE PARKING

برج الدرة بجوار قسم شرطة البحيرة ، الطابق الأول ، كورنيش البحيرة ، الشارقة ، الإمارات العربية المتحدة

Al Durrah Tower Next to Al Buhaira Police Station, First Floor, Corniche Al Buhaira, Sharjah, UAE.

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Free Parking at Thuria Al Majaz Tower Parking - Opposite Carrefour, Al Fardan Centre