



RADIOLOGIC CLINIC

DR ROBERT KWOK
DR JOHN HOE
DR LOW CHEN HOONG
DR ESTHER TAN
DR CHUA SIOK LIN

MBBS DMRD FRCR FAMS
MBBS DMRD FRCR FAMS
MBBS DMRD FRCR FAMS
MBBS FRCR
MBBS FRCR FAMS

DR TOH KOK HONG
DR ELIZABETH FOK
DR SAMUEL NG
DR JENNIFER YAP

MBBS FRCR FAMS
MBBS FRCR FAMS
MBBS FRCR FAMS
MBBS FRCR

- 3 Mt Elizabeth #01-01/02 MEMC S228510 Tel: 7312727 Fax: 2355279
- 3 Mt Elizabeth #01-06 MEMC S228510 Tel: 7312033 Fax: 2380764
- 6A Napier Road #02-25/26 S258500 Tel: 4761151 Fax: 4711151
- 3 Second Hospital Ave #04-03 S168937 Tel: 5332721 Fax: 5330125
- Blk 130 Jurong East St 13 #01-219 S600130 Tel: 5690300 Fax: 5697593
- 1 Tampines St 41 S229203 Tel: 7821052 Fax: 7821153
- 302 Tiong Bahru Rd #05-01 Tiong Bahru Plaza S166732 Tel: 2717033 Fax: 2747033
- 100 Yishun Central S168826 Tel: 8521746 Fax: 8521745

Name: _____ Age: _____ X-Ray No: _____

Referring Doctor: _____ Date: _____

Radiologist: _____ Radiographer: _____

Reason for Examination: Routine/ _____

Previous Mammogram: Yes / No Date/s: _____

BREAST PROFILE

a. Lumps : Rt / Lt / No

b. Indicate area :



c. Discharge from nipple : Rt / Lt / No

d. Mastectomy : Rt / Lt / No Date: _____

e. Biopsy/Aspiration : Rt / Lt / No Date: _____

f. Lumpectomy : Rt / Lt / No Date: _____

Nature: Benign / Malignant / Cyst

g. Silicon implant : Yes / No

h. No. of children : _____ Breast Fed: Yes / No

MENSTRUAL HISTORY

i. Age at 1st menstrual period: _____ years

j. Last menstrual period: _____

k. Regular / irregular / menopause / hysterectomy

HORMONAL HISTORY

l. (Birth Control Pill / Oestrogen / Thyroid / Progesterone / Cortisone)

Indicate type/number of years: _____

m. Family history of cancer: Yes / No

If answer to (m) is yes, state relationship/type: _____