



JABATAN RADIOLOGI
HOSPITAL RAJA PERMAISURI BAINUN, IPOH
TEL: 05-2085258 / 5259

URGENT REPORTING REQUEST FORM

1. PATIENT NAME :
2. IC/MRN :
3. WARD :

PATIENT CLINICAL SUMMARY	
RELEVANT CLINICAL AND LAB FINDINGS/ PREVIOUS RELEVANT IMAGING:	
WORKING DIAGNOSIS:	
REASON FOR REPORTING:	
DOCTORS IN CHARGE (HO/MO/SPECIALIST):	NAME : CONTACT NUMBER:

THIS FORM NEEDS TO BE SUBMITTED BY 12 PM. REPORT WILL BE RELEASED ON THE SAME DAY. FILMS TO BE COLLECTED THE NEXT DAY.

IMAGES SUBMITTED BY (NAME):

DATE :

TIME :

IMAGES RECEIVED BY (RADIOLOGY DEPARTMENT PPK):

DATE / TIME :

REPORTING MO / SPECIALIST :

DATE / TIME :