
DR BOB JANG

Orthopaedic Surgeon

RADIOLOGY REQUEST FORM

Dear Radiologist,
Thank you for assisting in the care of:

ELBOW: LEFT RIGHT

WRIST: LEFT RIGHT

Provisional Diagnosis :

Investigation required:

- **Plain X-ray**
 - AP
 - Lateral
 - External oblique and Coyle's view (for elbow xrays)
 - PA/oblique/lateral for wrist xays.

- **CT scan** Coronal,axial, sagittal slices and 3D reconstruction.
 - In plane of scaphoid for scaphoid fractures.

- **MRI**

Signed: _____



Dr Bob Jang

440368WH / 440368XW



Fellow of the Royal Australasian
College of Surgeons



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