



5 Second Hospital Avenue Singapore 168938
www.ndc.com.sg Reg No. 199505641M
Opening Hours: Mon – Fri: 8.00am – 5.30pm

HOTLINE: 6324 2215
FAX: 6324 8920

Patient details

Name: _____ DOB: _____ Gender: M / F
NRIC/Passport No: _____ Contact number: _____ (HP) _____ (H)
Address: _____ Singapore (_____)

Referring Doctor

Name: _____
Signature
& Date: _____
Clinic name and address:

By signing above, I request NDC to acquire the requested images and have obtained authorisation from the patient for these procedures

Cone beam CT imaging request

Maxilla TMJ
 Mandible Sinus
 Maxilla and Mandible Extended Field of View (Full-height scan for orthodontic work-up)
Special instructions: _____

Our Location

Bus Services
SBS Transit : 2, 12, 33, 54, 63, 103, 124, 147, 166, 170, 196, 197, CT8, CT18, CT28
SMRT : 61, 75, 167, 190, 520, 851, 961, 970

Nearest MRT Station - Outram Park (EW Line & NE Line)

Patient information

Prior appointments need to be made. Please call our hotline.

Please bring this referral form & NRIC/Passport with you on the day of your appointment and proceed to the registration counter at Clinic 6 (Level 6).

Fees for images are payable at the time of your appointment. Cash, NETS or Credit Cards (Visa or MasterCard) are accepted.

If you are pregnant, or think you may be pregnant, contact your referring doctor before scheduling your appointment