



## MRI Request Form

Please call 2890 3833 for appointment

Patient's Name: \_\_\_\_\_

Sex / Age: \_\_\_\_\_ Ref No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Appointment Date & Time  
檢查日期及時間：\_\_\_\_\_

Referring Doctor  
& Signature \_\_\_\_\_

### CLINICAL INFORMATION

### Payment Method

- On account  
 Cash  
 Medical card

### Report & Film

- Send to clinic  
 Patient collect  
 Wet film  
 Phone report

### MEDICAL HISTORY

- Pregnant  
 Hypertension  
 Diabetes Mellitus  
 Claustrophobia  
 Renal Impairment

### PREVIOUS OPERATION Yes No

- Intravascular Stent  
 Cardiac Pacemaker  
 Valvular Replacement  
 Orthopaedic Implant  
 Aneurysm Clips  
 Cochlear Implant

### ALLERGY HISTORY Yes No

- Asthma  
 Sea Food Allergy  
 Contrast Allergy  
 Drug Allergy \_\_\_\_\_  
 LMP \_\_\_\_\_

EXAM REGION(S):

Plain

Plain + Contrast

Optional

### BRAIN, HEAD & NECK

- Stroke Package  
 Brain  
 Brain + MRA  
 Sella / Pituitary  
 Orbits  
 IAMs  
 Paranasal Sinuses  
 Face  
 Neck  
 Nasopharynx  
 Parotid / Submandibular  
 TMJ

### JOINT

- RIGHT  LEFT  
 Shoulder  
 Elbow  
 Wrist  
 Knee  
 Hip  
 Ankle  
 Extremities

### BODY

- Thorax / Mediastinum  
 Upper Abdomen  
 Whole Abdomen  
 Pelvis  
 MR Urogram  
 MRCP  
 Breasts  
 Prostate  
 Hypertension Package  
 Whole Body Screening

### MR ANGIOGRAPHY

- Cerebral TOF-MRA  
 Neck (Carotid) Vessels  
 Thoracic MRA  
 Abdominal MRA  
 Upper Limb MRA  
 Lower Limb MRA  
 MR AV Fistulogram  
 Whole Body MRA

### SPINE

- Cervical  
 Thoracic  
 Lurnbar  
 Sacrum / Coccyx  
 SI Joint  
 Whole Spine  
(full set)  
 Whole Spine  
(sagittal scan only)

### CARDIAC

- Anatomy and Function  
 Myocardial Viability  
 Stress and Rest Perfusion  
(arrangement required)

### PACKAGE / OTHERS