Please adhere Patient Label
PATIENT DETAILS:

matilda
International Hospital
明 德 國 際 醫 院

41, Mount Kellett Road, The Peak, Hong Kong
Tel: 2849 1540 Fax: 2849 2572

MRI Scan Request Form

☐ CD ☐ Film

Date of Exam:_____ **Time :** _____ ☐ **Plain Study** ☐ **With & Without Contrast** ☐ **Contrast Optional**

Head & Neck

- ☐ Orbits
- ☐ Nasopharynx
- ☐ Larynx
- ☐ TMJ: R / L
- ☐ Paranasal Sinus
- ☐ Pharynx
- ☐ Neck
- ☐ Others _____

Neuro & Spine

- ☐ Stroke Package*
- ☐ Brain
- ☐ IAM: R / L
- ☐ Cervical Spine
- ☐ Lumbar Spine
- ☐ Whole Spine Screening
- ☐ Brain Stem
- ☐ Sella & Pituitary
- ☐ Thoracic Spine
- ☐ Sacrum
- ☐ Others _____

MR Angiogram

- ☐ Circle of Willis
- ☐ Renal
- ☐ Aorta: Thoracic / Abdominal
- ☐ Abdominal Artery
- ☐ Pulmonary Artery
- ☐ Lower Limbs Arteries
- ☐ Carotid
- ☐ Others _____

* MRI Brain (non-contrast),DWI,MRA Brain & MRA Neck

Body

- ☐ Thorax
- ☐ Abdomen (from top of diaphram to aortic bification)
- ☐ Whole Abdomen (Abdomen & Pelvis)
- ☐ Pelvis
- ☐ MR Urogram
- ☐ Prostate: Supra pubic coil
- ☐ Hypertensive Package#
- ☐ MR Cholangiogram
- ☐ Breast: R / L
- ☐ Whole Body Screening
- ☐ Others _____

Musculo Skeletal System

- ☐ Shoulder
- ☐ Wrist
- ☐ Knee
- ☐ Arthrogram_____
- ☐ Elbow
- ☐ Hip
- ☐ Ankle
- ☐ Others _____

Cardiac Packages

- ☐ Cardiac Anatomy, Function, Myocardial Viability, Stress & Rest Myocardial Perfusion
- ☐ Anatomy & Function ☐ (L. ventricle) ☐ (R. ventricle)
- ☐ Myocardial Viability
- ☐ Stress Myocardial Perfusion with Adenosine
- ☐ Others _____

MRA Renal artery,MRI Kidney & MRI Adrenal

Clinical Data & Diagnosis (Please bring along old films and/or report for comparison)

Standard Precaution	☐
Contact Precaution	☐
Droplet Precaution	☐

Medical History (If "Yes", please tick the appropriate item(s) below):

- ☐ Claustrophobia
- ☐ Cardiac Pacemaker
- ☐ Metallic Implant
- ☐ Ocular Metallic Foreign Body
- ☐ Aneurysm Clips
- ☐ Neuro Stimulators
- ☐ Middle Ear Prosthesis
- ☐ Heart Valve Prosthesis
- ☐ Intravascular Stent, Model_____
- ☐ Tattoo
- ☐ History of Hypertension
- ☐ History of Diabetes Mellitus
- ☐ History of Heart Disease
- ☐ Heart Block
- ☐ History of Allergies
- ☐ History of Asthma
- ☐ Previous Operation
  Pls State: _____
- ☐ Previous Contrast Reaction
  Pls State: _____

For Contrast Study Only:

☐ For patients aged > 60 years, please provide renal function:
Creatinine:_____umol / L Urea:_____umol / L

Department Use:

MRI No.:

Operator:

Radiologist / Cardiologist:

Body Weight

Bill Doctor ☐ **Bill Patient** ☐

Signed & Print Dr's Name:_____

Compiled by Imaging Centre (IC)
Revised by IC
Approved by Joanna Lo
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