B N S

安诺医学影像有限公司
MEDICAL IMAGING LIMITED

MRI FORM

PATIENT INFORMATION

Patient's Name: _____

Sex / Age: _____ Ref no.: _____

Contact no.: _____

Appointment Date & Time: _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____

Signature: _____

PAYMENT METHOD
- ☐ On Account
- ☐ Cash
- ☐ Medical Card

REPORT & FILM
- ☐ Send to Doctor
- ☐ Patient Collect
- ☐ Wet Film
- ☐ Phone Report

Clinical Information: _____

Please tick ☑ more than one if needed

MEDICAL HISTORY & ALLERGY HISTORY

- ☐ Cardiac Pacemaker
- ☐ Aneurysm Clips
- ☐ Cochlear Implant
- ☐ Valvular Replacement
- ☐ Contraceptive Implant
- ☐ Contrast Allergy
- ☐ Renal Impairment
- ☐ Asthma
- ☐ Drug Allergy _____
- ☐ Pregnant LMP _____

MRI

☐ **Plain** ☐ **With Contrast** **Contrast Optional**

HEAD AND NECK

- ☐ Brain
- ☐ MRA Brain
- ☐ MRA Neck
- ☐ MRV Brain
- ☐ Pituitary Gland
- ☐ Internal Auditory Meatus (IAM)
- ☐ Orbits
- ☐ Nasopharynx
- ☐ Soft Tissue of Neck
- ☐ Paranasal Sinuses
- ☐ Oral Cavity
- ☐ Temporomandibular Joints (TMJs)

SPINE

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum and Coccyx
- ☐ Whole Spine
- ☐ Sacroiliac Joints

BODY

- ☐ Thorax
- ☐ Upper Abdomen
- ☐ MRCP
- ☐ Pelvis
- ☐ Prostate
- ☐ Fistula-in-ano (FIA)
- ☐ Rectum
- ☐ Scrotum

MUSCULOSKELETAL

- ☐ Joint(s) (e.g. knee, shoulder): _____ (L / R / Both)
- ☐ Soft Tissue (Single Region): _____ (L / R)
- ☐ Others: _____

OTHERS

Please specify: _____

SCREENING PACKAGE

- ☐ Whole Body MRI (excluding brain)
- ☐ Whole Body MRI (including brain)
- ☐ Stroke Package (Brain, MRA Brain and Neck)
- ☐ Hypertension Package (Adrenal Glands, Kidneys, Renal MRA)

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