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**MRI & DEXA FORM**

安諾醫學影像有限公司  
MEDICAL IMAGING LIMITED

**PATIENT INFORMATION**

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

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

Contact no.: \_\_\_\_\_

Appointment Date &amp; 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**

- Renal Impairment  
 Cardiac Pacemaker  
 Valvular Replacement

- Aneurysm Clips  
 Cochlear Implant  
 Asthma

- Contrast Allergy  
 Drug Allergy \_\_\_\_\_  
 Pregnant LMP \_\_\_\_\_

**MRI** Plain With Contrast Contrast Optional**HEAD AND NECK**

- Brain  
 MRA Brain  
 MRA Neck  
 MRV Brain  
 MR spectroscopy  
 Diffusion Tensor Imaging (DTI)  
 Pituitary Gland  
 Internal Auditory Meatus (IAM)  
 Orbits  
 Nasopharynx  
 Soft Tissue of Neck  
 Paranasal Sinuses  
 Facial Region  
 Temporomandibular Joints (TMJs)

**SPINE**

- Cervical  
 Thoracic  
 Lumbar  
 Sacrum and Coccyx  
 Whole Spine  
 Sacroiliac Joints

**BODY**

- Both Breasts  
 Thorax  
 Upper Abdomen  
 MRCP  
 Pelvis  
 Prostate
- Urogram  
 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MR ANGIOGRAM STUDY (EXTRACRANIAL)**

- Bilateral Lower Limbs Angiogram  
 Whole Body (excluding brain) Angiogram  
 Whole Body (including brain) Angiogram  
 Other Region Angiogram: \_\_\_\_\_

**SCREENING PACKAGE**

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

**DEXA**

Region(s): \_\_\_\_\_

 Spine  Hip Wrist  Others: \_\_\_\_\_**OTHERS**

Region(s): \_\_\_\_\_