Hong Kong Imaging and Diagnostic Centre (MRI)
香港醫療診斷中心(磁力共振)

MRI Request Form

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PATIENT INFORMATION

Dr. Ref. No: _____ Date of Request: _____

Name: _____ HKID: _____ Sex / Age: _____

Date of Birth: ____ / ____ / ____ Tel: _____ LMP: _____

Clinical Information : _____

History of allergy, asthma, diabetes, renal or cardiac disease: _____

(Please tick as appropriate)

☐ Cardiac pacemaker ☐ Inner ear implant ☐ Aneurysm clips ☐ Prosthetic heart valve ☐ Insulin pump
☐ Metallic implant ☐ Metallic foreign body ☐ Dentures ☐ Claustrophobia ☐ Tattoo

REFERRING DOCTOR INFORMATION

Name & Address (Chop & Signature)

PAYMENT
◉ cash payment
◉ on account

REPORT
◉ send to Dr's clinic ☐ with DVD copy
◯ collect by patient ☐ wet film

MRI EXAMINATION (Please tick as appropriate) ☐ PLAIN ☐ WITH CONTRAST ☐ OPTIONAL

Head & Neck

- ☐ Brain
- ☐ MRA Brain
- ☐ MRA Neck
- ☐ MRA Brain + MRA Neck
- ☐ Brain + MRA Brain
- ☐ Brain + MRA Brain + MRA Neck
- ☐ MRV Brain
- ☐ Brain + MRV Brain
- ☐ Brain + Pituitary
- ☐ Brain + IAM
- ☐ Brain + Orbits
- ☐ Brain + Facial Region
- ☐ Brain + PNS
- ☐ Brain + Nasopharynx
- ☐ Pituitary
- ☐ IAM
- ☐ Orbits
- ☐ Facial Regions
- ☐ PNS
- ☐ Nasopharynx
- ☐ Oropharynx
- ☐ Hypopharynx + Larynx
- ☐ Soft Tissue of Neck
- ☐ T-M Joints (Bilateral)

Musculo-skeletal

- ☐ Arm (☐ R ☐ L)
- ☐ Forearm (☐ R ☐ L)
- ☐ Hand (☐ R ☐ L)
- ☐ Finger _____ (☐ R ☐ L)
- ☐ Thigh (☐ R ☐ L)
- ☐ Leg (☐ R ☐ L)
- ☐ Foot (☐ R ☐ L)
- ☐ Toe _____ (☐ R ☐ L)
- ☐ Soft Tissue

Joints

- ☐ Shoulder (☐ R ☐ L)
- ☐ Elbow (☐ R ☐ L)
- ☐ Wrist (☐ R ☐ L)
- ☐ Hip (☐ R ☐ L)
- ☐ Both Hips (Screening for AVN)
- ☐ Knee (☐ R ☐ L)
- ☐ Ankle (☐ R ☐ L)

MR Angiogram

- ☐ MRA Pulmonary
- ☐ MRA Thoracic
- ☐ MRA Abdominal
- ☐ MRA Peripheral
- ☐ MR Venogram _____
- ☐ MRA Whole Body
- ☐ MRA Whole Body + MRA Brain

Body

- ☐ Thorax
- ☐ Upper Abdomen
- ☐ Pelvis
- ☐ Whole Abdomen
- ☐ Thorax + Whole Abdomen
- ☐ MRCP
- ☐ MRCP + Upper Abdomen
- ☐ Breasts
- ☐ MR Urogram
- ☐ Prostate

Spine

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sacrum & Coccyx/ Sacro-iliac Joints
- ☐ Whole Spine

Screening Package

- ☐ Stroke Screening
- ☐ Hypertension Screening
- ☐ Whole Body (Excluding Limbs)
- ☐ Whole Body (Including Limbs)
- ☐ Whole Body (Excluding Limbs)+ MRA Whole Body
- ☐ Bone Scan

Other Exam :