

姓名 Name: _____	性別 Gender: _____	轉介人 Referred by: _____
中文名: _____	年齡 Age: _____	診所號碼 Clinic ref. no.: _____
身分證/護照號碼 H.K. I.D. no.: _____ / Passport no. _____	出生日期 D.O.B.: _____ d / _____ m / _____ y	Request Date: _____

Payment:  In Lab / Centre \$ \_\_\_\_\_  On Referral A/C \_\_\_\_\_ (Signature)  On Med. Insurance A/C \_\_\_\_\_ (Card no#)

**Head & Neck**

- Brain
- Brain & Pituitary
- Brain & Orbits
- Brain & Nasopharynx
- Brain & I.A.M.
- Brain & MRA (Intra-cranial & ICA) (P)
- Brain (P+C) & MRA (Intra-cranial & ICA) (P)
- Brain (P) & MRA (Intra-cranial & Neck)(P+C)
- Brain (P+C) & MRA (Intra-cranial & Neck)(P+C)
- Pituitary Gland (P+C)
- Orbits
- Internal Auditory Meati (I.A.M.)
- Paranasal Sinuses
- Nasopharynx
- Neck (Soft Tissue)

**Thorax, Abdomen & Pelvis**

- Thorax
- Breasts
- Upper Abdomen
- MR Cholangiogram (MRCP)
- MRCP+Upper Abdomen
- Whole Abdomen
- Pelvis
- Prostate

**Cardiac**

- Anatomy & Function Only
- Anatomy & Function & Viability
- Stress (Adenosine) Perfusion & Viability  
+ Anatomy & Function

**Vascular Studies**

- Hypertension Package  
(Adrenal + MRA of Renal) (P+C)
- MRA of Carotid (from Aortic Arch)
- MRA of Thoracic/Abdominal Aorta
- MRA of Whole Aorta
- MRA of Peripheral (lower limbs)
- MRA: Other region (each part)
- Venogram: each region

Plain  
 Plain + Contrast  
 Optional

**Spine**

- Spine (Cervical)
- Spine (Thoracic)
- Thoraco-lumbar Junction
- Spine (Lumbar)
- Spine (Lumbar Spine & Sacrum )
- Spine (Sacrum & S.I. Joints)
- Whole Spine

**Joints**

- Shoulder ( R L)
- Elbow ( R L)
- Wrist ( R L)
- Hip ( R L)
- Knee ( R L)
- Ankle + Hindfoot ( R L)

**Soft Tissue & Extremities**

- Hand ( R L)
- Forearm ( R L)
- Arm / Humerus ( R L)
- \_\_\_\_\_ Finger ( R L)
- Foot ( R L)
- Thigh / Femur ( R L)
- Calf / Tibia & Fibula ( R L)
- \_\_\_\_\_ Toe ( R L)

Other MRI: \_\_\_\_\_

Clinical Information: (History & Physical Signs & Symptoms & Lab. Results)	Patient Information <input type="checkbox"/> Any Implant: _____ <input type="checkbox"/> Any Renal disease No <input type="checkbox"/> Yes <input type="checkbox"/> Creatinine Level _____ umol/L
Provisional Clinical Diagnosis if any: _____	

**Please remind patients to bring films from previous examinations.**  
**請通知病人帶舊片**