

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.: _____ ()	出生日期 D.O.B.: _____ d / _____ m / _____ y	Request Date: _____
/ Passport no. _____		

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

<p>Head & Neck</p> <p><input type="checkbox"/> Brain</p> <p><input type="checkbox"/> Brain & Pituitary</p> <p><input type="checkbox"/> Brain & Orbits</p> <p><input type="checkbox"/> Brain & Nasopharynx</p> <p><input type="checkbox"/> Brain & I.A.M.</p> <p><input type="checkbox"/> Brain & MRA (Intra-cranial & ICA) (P)</p> <p><input type="checkbox"/> Brain & MRA (Intra-cranial & ICA) (P+C)</p> <p><input type="checkbox"/> Brain (P) & MRA (Intra-cranial & Neck)(P+C)</p> <p><input type="checkbox"/> Brain (P+C) & MRA (Intra-cranial & Neck)(P+C)</p> <p><input type="checkbox"/> Pituitary Gland (P+C)</p> <p><input type="checkbox"/> Orbits</p> <p><input type="checkbox"/> Internal Auditory Meati (I.A.M.)</p> <p><input type="checkbox"/> Paranasal Sinuses</p> <p><input type="checkbox"/> Nasopharynx</p> <p><input type="checkbox"/> Neck (Soft Tissue)</p> <p>Spine</p> <p><input type="checkbox"/> Spine (Cervical)</p> <p><input type="checkbox"/> Spine (Thoracic)</p> <p><input type="checkbox"/> Thoraco-lumbar Junction</p> <p><input type="checkbox"/> Spine (Lumbar)</p> <p><input type="checkbox"/> Spine (Lumbar & sacral spine)</p> <p><input type="checkbox"/> Spine (Sacrum & S.I. Joints)</p> <p><input type="checkbox"/> Whole Spine</p> <p><input type="checkbox"/> Other MRI: _____</p>	<p>Thorax, Abdomen & Pelvis</p> <p><input type="checkbox"/> Thorax</p> <p><input type="checkbox"/> Breasts</p> <p><input type="checkbox"/> Upper Abdomen</p> <p><input type="checkbox"/> MR Cholangiogram (MRCP)</p> <p><input type="checkbox"/> MRCP+Upper Abdomen</p> <p><input type="checkbox"/> Whole Abdomen</p> <p><input type="checkbox"/> Pelvis</p> <p><input type="checkbox"/> Prostate</p> <p>Cardiac</p> <p><input type="checkbox"/> Anatomy & Function Only</p> <p><input type="checkbox"/> Anatomy & Function & Viability</p> <p><input type="checkbox"/> Stress (Adenosine) Perfusion & Viability + Anatomy & Function</p> <p>Joints</p> <p><input type="checkbox"/> Shoulder (R L)</p> <p><input type="checkbox"/> Elbow (R L)</p> <p><input type="checkbox"/> Wrist (R L)</p> <p><input type="checkbox"/> Hip (R L)</p> <p><input type="checkbox"/> Knee (R L)</p> <p><input type="checkbox"/> Ankle + Hindfoot (R L)</p>	<p>Vascular Studies</p> <p><input type="checkbox"/> Hypertension Package (Adrenal + MRA of Renal) (P+C)</p> <p><input type="checkbox"/> MRA of Carotid (from Aortic Arch)</p> <p><input type="checkbox"/> MRA of Renal</p> <p><input type="checkbox"/> MRA of Thoracic/Abdominal Aorta</p> <p><input type="checkbox"/> MRA of Whole Aorta</p> <p><input type="checkbox"/> MRA of Peripheral (lower limbs)</p> <p><input type="checkbox"/> MRA: Other region (each part)</p> <p><input type="checkbox"/> Venogram: each region</p> <div style="border: 2px solid black; padding: 5px; margin: 10px 0;"> <p><input type="checkbox"/> Plain</p> <p><input type="checkbox"/> Plain + Contrast</p> <p><input type="checkbox"/> Optional</p> </div> <p>Soft Tissue & Extremities</p> <p><input type="checkbox"/> Hand (R L)</p> <p><input type="checkbox"/> Forearm (R L)</p> <p><input type="checkbox"/> Arm / Humerus (R L)</p> <p><input type="checkbox"/> _____ Finger (R L)</p> <p><input type="checkbox"/> Foot (R L)</p> <p><input type="checkbox"/> Thigh / Femur (R L)</p> <p><input type="checkbox"/> Calf / Tibia & Fibula (R L)</p> <p><input type="checkbox"/> _____ Toe (R L)</p>
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<p>Clinical Information: (History & Physical Signs & Symptoms & Lab. Results)</p> <p>Provisional Clinical Diagnosis if any: _____</p>	<p>Patient Information</p> <p><input type="checkbox"/> Any Implant: _____</p> <p><input type="checkbox"/> Any Renal disease No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Creatinine Level _____ umol/L</p>
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Please remind patients to bring films from previous examinations.
請通知病人帶舊片