

St. Teresa's Hospital

Scanning Department

(CT, MR, NM, PET-CT, PET-MR)

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聖德肋撒醫院

掃描部

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A TYPE OF MRI SCAN REQUESTED: (PLEASE ✓ APPROPRIATE ITEMS)

Appointment Date: _____
Time: _____

Head & Neck

- ① Brain
- ② MRA of Brain
- ③ CE-MRA# of Brain & Neck
- ④ Stroke Assessment (①+②+③)
- ⑤ Stroke Assessment with contrast Brain
- ⑥ Brain Spectroscopy
- ⑦ Brain Perfusion
- ⑧ Brain Perfusion (with Diamox) (*Please provide latest creatinine)
- ⑨ Pituitary
- ⑩ Orbits
- ⑪ Paranasal Sinuses
- ⑫ Nasopharynx
- ⑬ Hypopharynx
- ⑭ Soft Tissue of Neck

Trunk

- ⑮ Thorax
- ⑯ MRCP (Cholangiogram Plain only)
- ⑰ Upper Abdomen (general)
- ⑱ Pancreas & MRCP
- ⑲ Pelvis
- ⑳ Prostate
 - Non-contrast (Standard)
 - Contrast (Multiparametric)
 - Fusion for navigation
- ㉑ Breasts

Spine

- ㉒ Cervical Spine
- ㉓ Thoracic Spine
- ㉔ Lumbar Spine
- ㉕ Sacrococcygeal Spine
- ㉖ SI-joints

Extremities

- ㉗ Shoulder (□R□L)
- ㉘ Arm/Humerus (□R□L)
- ㉙ Elbow (□R□L)
- ㉚ Forearm (□R□L)
- ㉛ Wrist (□R□L)
- ㉜ Palm (□R□L)
- ㉝ Hip (□R□L)
- ㉞ Thigh / Femur (□R□L)
- ㉟ Knee (□R□L)
- ㊱ Calf/Tibia&Fibula (□R□L)
- ㊲ Ankle & Hindfoot (□R□L)
- ㊳ Forefoot & Midfoot (□R□L)
- ㊴ Arthrogram of _____ (□R□L)

High Resolution Small Parts

- ㊵ _____ Finger (□R□L)
- ㊶ _____ Toe (□R□L)
- ㊷ T-M Joints

Contrast Enhanced MR Angiogram (CE-MRA#)

- ㊸ Renal / Abdominal CE-MRA
- ㊹ Peripheral CE-MRA (*Please provide latest creatinine)
- ㊺ Pulmonary CE-MRA
- ㊻ Thoracic Aorta CE-MRA
- ㊼ Whole Body CE-MRA (*Please provide latest creatinine)
- Cardiac** (*Please provide latest creatinine)
 - ㊽ Basic Anatomy & Function
 - ㊾ Viability
 - ㊿ Stress (Adenosine) Perfusion & Viability
 - ⑤① Full Ischaemic Heart Assessment (④⑧+④⑨+⑤①)
 - ⑤② + CT Coronary Angiogram
 - ⑤③ Cardiomyopathies
 - ⑤④ Volume / Flow Assessment / Flow Quantification
- Others**
 - ⑤⑤ Hypertension Assessment (Renal MRA, Kidneys & Adrenals)
 - ⑤⑥ Whole Body Screening
 - ⑤⑦ Metal Artifact Reduction
 - ⑤⑧ _____

CE-MRA = Contrast Enhanced MRA

B Contrast Enhancement: ⑤⑨ NON-CONTRAST ⑥① NON-CONTRAST & CONTRAST ⑥② TO BE DECIDED BY RADIOLOGIST

C MEDICAL & PHYSICAL INFORMATION: (PLEASE ✓ APPROPRIATE ITEMS)

No Yes Allergy to Gadolinium (MR Contrast)
if yes, please prescribe steroid premedication
(adult regime: Oral prednisolone 40mg 12 hr. & 2 hr. before contrast MR)

* latest Creatinine _____ Date: _____
(within 2 weeks)

No Yes Renal Impairment

eGFR _____
IV Contrast _____ %
Dr. _____

- No Yes Cardiac pacemaker
- No Yes Metallic implant
- No Yes Hypertension
- No Yes Previous operation
- No Yes Ocular metallic foreign body
- No Yes Aneurysm clips
- No Yes Diabetes Mellitus
- No Yes Middle ear prosthesis
- No Yes Patient is pregnant LMP _____
- No Yes Heart disease _____
- No Yes Neuro-stimulators
- No Yes Menopause _____
- Body Weight _____ Kg.
- Body Height _____ cm

D CLINICAL INFORMATION: (HISTORY & PHYSICAL SIGNS & SYMPTOMS & LAB. RESULTS)

PROVISIONAL CLINICAL DIAGNOSIS: _____

E REFERRING DOCTOR: _____ (code: _____) Signed: _____

Tel.: _____ Address: _____ Date: _____

Please stick label if available

Patient's Name: _____

Sex/Age: _____ D.O.B.: _____ HKID: _____

Hosp./Hosp.No.: _____ Ward/Rm. No.: _____

Official use:

take Hx: _____

'er 1: _____ consent checked

'er 2: _____

Own films _____

Image print _____

Printed old films _____

MRI SCAN

磁共振掃描

Requisition form