

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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Online Booking
 網上預約

(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 Rectum
- 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)
- 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
- ① Full Ischaemic Heart Assessment (④⑧+④⑨+⑤⑩)
- ② + CT Coronary Angiogram
- ③ Cardiomyopathy Assessment
- ④ Volume / Flow Assessment / Flow Quantification
- Others**
- ⑤ Hypertension Assessment (Renal MRA, Kidneys & Adrenals)
- ⑥ Whole Body Screening
- ⑦ Metal Artifact Reduction
- ⑧ _____

#CE-MRA = Contrast Enhanced MRA

(B) Contrast Enhancement: ⑤⑨ NON-CONTRAST ⑥⑩ NON-CONTRAST & CONTRAST ⑥① 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)

No Yes **Renal Impairment**
Latest Creatinine _____ **Date:** _____
 (within 2 weeks)

eGFR _____
 IV Contrast _____ %
 Dr. _____

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

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

PROVISIONAL CLINICAL DIAGNOSIS: _____

Official use:
 take Hx: _____
 'er 1: _____ consent checked
 'er 2: _____
 Own films _____

 Image print _____
 Printed old films _____

(E) REFERRING DOCTOR: _____ (code: _____) **Signed:** _____
 Tel.: _____ Address: _____ Date: _____

Please stick label if available or use block letter

Patient's Name: _____

 Sex/Age: _____ D.O.B.: _____ HKID: _____
 Hosp./Hosp. No.: _____ Ward/Rm. No.: _____

Discharged Patient's Tel. _____

MRI SCAN

磁力共振掃描
 Requisition form