Alpha MRI and
Medical Diagnostic Center
雅博磁力共振及醫學診斷中心

# MRI & ULTRASOUND REQUEST FORM

2511 3322 2553 5557 5547 1757

Name: ____________ Sex/Age: ____ Date of Birth: ________ Request Date: ________

HKID/Passport No: ________ Phone No: ________ Clinic Ref No: ________

## CLINICAL INFORMATION:

(REFERRING DR. & SIGNATURE / COMPANY CHOP)

**PAYMENT**
- ❑ Cash
- ❑ Account
- ❑ Medical Card
- ❑ Other ________

**REPORT**
- ❑ Send
- ❑ Pick up by patient
- ❑ Wet Film
- ❑ Phone ________
- ❑ Fax ________

**Past Medical History (Please ✓ as appropriate)**

**LMP:**

- ❑ Previous operation : ________
- ❑ Aneurysm Clips/Stent
- ❑ Cardiac Pacemaker
- ❑ Prosthetic Heart Valve
- ❑ Asthma
- ❑ Diabetes Mellitus
- ❑ Claustrophobia
- ❑ Allergies : ________
- ❑ Inner Ear Implant
- ❑ Metallic Foreign Body
- ❑ Renal Failure: GFR ________; CR ________

## MRI EXAMINATION ❑ PLAIN ❑ WITH CONTRAST ❑ OPTIONAL

### HEAD & NECK
- ❑ Brain
- ❑ Brain MRA/ Brain MRV
- ❑ Brain and MRA Brain
- ❑ Brain and MRA (Brain and Neck) (Stroke Package) (Plain/ Contrast)
- ❑ IAM
- ❑ Pituitary
- ❑ Orbits
- ❑ PNS
- ❑ Nasopharynx
- ❑ Hypopharynx/ Tongue/ Larynx
- ❑ Soft Tissue Neck
- ❑ Brachial Plexus (One Side/ Both Sides)
- ❑ TMJ (Both Sides)

### MUSCULO-SKELETAL
| | | |
|---|---|---|
| ❑ Shoulder | ❑ R | ❑ L |
| ❑ Arm/ Humerus | ❑ R | ❑ L |
| ❑ Elbow | ❑ R | ❑ L |
| ❑ Forearm | ❑ R | ❑ L |
| ❑ Wrist | ❑ R | ❑ L |
| ❑ Palm | ❑ R | ❑ L |
| ❑ _____ Finger | ❑ R | ❑ L |
| ❑ Hip | ❑ R | ❑ L |
| ❑ Thigh/ Femur | ❑ R | ❑ L |
| ❑ Knee | ❑ R | ❑ L |
| ❑ Calf/ Tibia/ Fibula | ❑ R | ❑ L |
| ❑ Ankle/ Hindfoot | ❑ R | ❑ L |
| ❑ Forefoot/ Midfoot | ❑ R | ❑ L |
| ❑ _____ Toe | ❑ R | ❑ L |

### BODY
- ❑ Thorax
- ❑ Upper Abdomen
- ❑ MRCP
- ❑ Whole Abdomen
- ❑ Pelvis
- ❑ Prostate
- ❑ Perineum/ FIA

### MR ANGIOGRAM
- ❑ MRA Thoracic or Abdominal Aorta
- ❑ MRA Whole Aorta
- ❑ MRA Renal Arteries
- ❑ MRA Both Lower Limbs
- ❑ MRA Whole Body

### SCREENING PACKAGE
- ❑ Whole Body Screening
- ❑ Whole Body Screening + Brain
- ❑ Hypertension Package

### SPINE
- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbar
- ❑ Sacrum & Coccyx
- ❑ Lumbar & Sacrum
- ❑ Sacrum & SI Joints

### MISCELLANEOUS
- ❑ Additional Spectroscopy
- ❑ Primovist Contrast
- ❑ Others

## ULTRASOUND
- ❑ LGB
- ❑ Upper Abdomen
- ❑ Kidneys
- ❑ Pelvis (TA or TV)
- ❑ Whole abdomen (TA)
- ❑ Neck
- ❑ Thyroid
- ❑ Neck and Thyroid
- ❑ Breasts
- ❑ Scrotum
- ❑ FNA
- ❑ Core Biopsy

Regions:

- ❑ Others

Total Amount: ________

Kowloon Park 九龍公園

A1

Haiphong Road 海防道

Kowloon Park Drive 九龍公園徑

Ashley Road 亞士厘道

Hankow Road 漢口道

Pacific Centre
亞太中心

Lock Road 樂道

iSQUARE

C

Nathan Road 彌敦道

Prince Tower
太子集團中心

H

Harbour City
海港城

L5

Peking Road 北京道

E

Kowloon Hotel
九龍酒店

26 Nathan Road
彌敦道26號

L4

L3

Middle Road 中間道

The Peninsula
半島酒店

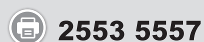
H
Zentre

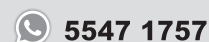
**Address 地址**

16F, Prince Tower, 12A Peking Road, Tsim Sha Tsui, Kowloon, Hong Kong
(The Main Entrance is at Hankow Road)
香港九龍尖沙咀北京道12A號太子集團中心16樓 (大堂入口位於漢口道)
Tsim Sha Tsui MTR Exit **H**
尖沙咀港鐵站 **H** 出口

**Opening Hours 營業時間**

| | |
|---|---|
| Monday to Friday 星期一至星期五 | 9 am - 7 pm |
| Saturday 星期六 | 9 am - 5 pm |
| Sunday and Public Holiday 星期日及公眾假期 | Closed 休息 |




- ✧ Please bring your previous examination films and reports for reference
  請攜帶您以往的影片和報告以供參考
- ✧ Please make appointment in advance. Please call our Center for enquires
  請提前預約。如果對您的檢查有任何疑問，請致電本中心查詢。

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