



CLINICAL SERVICES
CENTRE FOR DIAGNOSTIC NUCLEAR IMAGING
(UPM/PPDN/CS/REQUESTFORM/BR01)
 TEL : 0389471644 FAX : 0389472775 EMAIL : ppdn@upm.edu.my

REQUEST FORM

(To be filled by the referring doctor)

EXAMINATION REQUIRED :

<input type="checkbox"/>	PET/CT	PART :
<input type="checkbox"/>	CT SCAN	
<input type="checkbox"/>	MRI	
<input type="checkbox"/>	ULTRASOUND	

PATIENT DETAILS

Name :
 I.C No :
 Age :
 Sex :
 Race :

CLINICAL STATUS

	Yes	No
Allergic to contrast media	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobic	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
Date of LMP :		

Weight :
 Height :

Mobile Phone :
 Home Phone :

CLINICAL DIAGNOSIS

RECENT CHEMOTHERAPY/RADIOTHERAPY: _____ WHEN: _____

RECENT CORRELATIVE IMAGING

RELEVANT FINDINGS

<input type="checkbox"/>	CT	Date :
<input type="checkbox"/>	MRI	Date :
<input type="checkbox"/>	PET CT	Date :
<input type="checkbox"/>	Others :	

REFERRING DOCTOR

Name :

Signature & Stamp :

Date :
 Phone :



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CENTRE FOR DIAGNOSTIC NUCLEAR IMAGING
DOCUMENT CODE: UPM/PPDN/CS/CHECKLISTMRI/FORM31
TEL. NO.: 0389471642/1643/1644 FAX NO.: 0389472775

MRI CHECKLIST

Magnetic Resonance Imaging (MRI) is a medical imaging procedure that was extremely strong magnetic fields, for safety purposes the presence of certain metallic objects must be determined before your patient enters the examination room.

The safety questions below are designed to help us check that it is safe for patient to enter the scan room.

No		Yes	No
1	Pacemaker/Surgical clips or wires		
2	Pregnancy or intrauterine device (IUD)		
3	Claustrophobia		
4	History of Kidney Problems		
5	Skin tattoos		
6	Neurostimulators		
7	Implanted drug infusion device(i.e.insulin pump)		
8	Exposure of metal fragementts to your eye		
9	Artificial heart valves		
10	Cochlear implants		
11	Metalic implants and prosthesis		
12	Vascular stent or stent graft		
13	History as a metal worker		
14	Sharpnel or bullet wounds		
15	Dorsal column stimulators		
16	Allegry to gadolinium*		
18	Dentures/braces		
19	Dental implant (held in place by a magnet)		
20	Intracranial clips (Brain surgery)		

If answered 'YES' any of questions above please described in details also list on all surgical procedures.

I hereby confirm that the information given on this form is correct to the best of my knowledge.

Signature Patient or Guardian

Signature and stamped by requesting consultant

Staff only (PPDN)

Signature of Radiologist/Register staff nurse or Radiographer

Staff and relatives accompanying patient onto the MRI room **MUST remove any body piercings, **MUST NOT** have the items listed above, and **MUST NOT** carry with them watches, eletrical data carriers (such as pocket calculator, digital clock), data carriers (such as credit card, identity card) and any ferromagnetic materials and metals before entering the examination room.*

** Consult with PPDN if any of the above is YES.*

Reviewed no.:01

Issued no.:01

Effective date: 7/5/2015



Persediaan Pesakit:

1. Pesakit perlu berpuasa sekurang-kurangnya 6 jam sebelum pemeriksaan MRI dijalankan.
Sila beritahu Juru X-Ray/Pegawai yang bertugas sekiranya:

- ◇ Alahan pada media kontras
- ◇ Alahan pada ubat-ubatan/makanan laut
- ◇ Menghidap asma
- ◇ Menghidap sakit buah pinggang
- *Rabun penglihatan; akomodasi
- *Denyutan jantung yang tidak harmoni
- [jika memerlukan suntikan iv buscopan (20mg)]*

Ya	Tidak

2. Pesakit mungkin memerlukan suntikan ubat sedatif bagi tujuan meneruskan pemeriksaan. Kesan ubat keatas sistem pernafasan akan dipantau dari masa ke semasa

Arahan untuk pesakit:

Sila bawa bersama filem-filem skan yang terdahulu.

Pesakit mesti hadir 30 minit sebelum pemeriksaan dijalankan.

Saya _____

No.Kad Pengenal _____

telah diberitahu tentang prosedur pemeriksaan _____

dan faham mengenai komplikasi yang telah diterangkan oleh _____

Dengan ini, saya membenarkan diri sendiri/ tanggungan untuk menjalani pemeriksaan ini dan membenarkan imej pemeriksaan ini digunakan bagi tujuan pengajaran dan penyelidikan.

Pesakit/Penjaga

Juru X-Ray/Doktor

Saksi
