PACIFIC MEDICAL
Imaging & Oncology Center

MRI Exam Registration Form
磁力共振掃描檢查登記表格

Please fill out this form and answer all the questions (請填寫這表格並回答以下問題)

Patient Name (姓名):		D.O.B. (出生日期):	MRN:
Age (年齡):	Sex: M F 性別: 男 女	Date of Exam (檢查日期):	

Do you have any history of (你有沒有以下的病歷)?

Yes (有)	No (沒有)	(Check the spaces under "Yes" or "No". 請在"有"或"沒有"的空格內填上√)
		Pacemaker (Absolute contraindication for MRI exam) 心律調整器 (絕對不宜作檢查)
		Aneurysm clips in head (Absolute contraindication for MRI exam) 腦動脈瘤鉗夾 (絕對不宜作檢查)
		Implanted medical devices eg. For pain 植入的醫療裝置
		Other surgical clips 其他外科手術夾
		Metal worker (weld, grind, etc.) 其他金屬裝置
		Metal orthopedic devices 金屬骨科固定裝置
		Dental applicance or dentures 假牙
		Pregnancy 懷孕
		Hair-pins or eye make-up 髮夾或眼部化妝
		IUD or other implanted metal 子宮環或其他植入金屬

I do hereby authorize Pacific Medical Imaging and Onoclogy Center to perform an MRI (magnetic-resonance imaging) upon me for diagnostic purposes as ordered by my physician.

Signed (簽名): _____ **Date (日期):** _____

Witness (見證人): _____ **Date (日期):** _____

Clinical History (病 史): _____

_____

_____

_____

MRI - Type of Exam: Brain IAC TMJ Head and Neck C -Spine
Upper T-Spine Lower T-Spine L-Spine Chest
Abdomen Pelvis Kidney
(Left Right Both) Shoulder Knee Ankle Foot Elbow
Other(s): _____

MRA - Type of Exam: Brain Neck Carotids Chest Abdomen Pelvis Legs

Have you had previous exams done related to today's exam? Yes No
你有沒有接受過其他與今日的檢查有關的檢查? 有 沒有

Where? _____ When? _____
在何處? _____ 何時? _____

Exam Type (檢查類型): CT (電腦掃描) MRI (磁力共振掃描)
Ultrasound (超音波掃描) X-ray (X光照片)
Nuclear Medicine (核子醫學)