

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR  
रेडियोलोजी विभाग / DEPARTMENT OF RADIOLOGY  
नैदानिक एम. आर. आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit.....Date of Requisition.....

Patient Id.....OPD/IPD.....Ward Bed No.....

2. Patient Phone Number.....

3. रोगी का नाम / Patient's Name.....आयु/Age.....लिंग/Sex.....

जन्म तिथि / Date of Birth: दिन/Day.....माह/Month.....वर्ष/Year.....वजन/Weight.....किग्रा./Kg.

4. General Patient Condition (Tick as appropriate)

(i)Critical and with life support (ii) ILL but without life support (iii) Ambulatory

5. Clinical Details : History :

Examinations:

Relevant Investigations :

Previous CT / MR / Other Reports / Studies  
(with numbers, if any)

6. Blood Urea / S Creatinine

7. Clinical Diagnosis.....

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8. Exact Anatomical site for MRI .....

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9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study.

10. (a) Contrast Enhancement Required : Yes.....No.....

(b) Allergic to any drugs :

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker.....Aneurysmal clips.....Cardiac Valve/Prosthesis.....

Metallic Implants.....Sharpnel/Pellet.....Others.....None.....

हस्ताक्षर/ Signature.....

नाम / Name.....

(साफ अक्षरों में)

पदनाम / Designation.....