



Gleneagles™
KUALA LUMPUR

**DIAGNOSTIC IMAGING & INTERVENTIONAL
SERVICES DEPARTMENT**

24 Hours CT & MRI Service

NAME :
IC/PP/BC :
DOB :
MRN :
EXAM NO :
DATE :

SEX :
EPIS :

Kindly note the service is only for NON CONTRAST Examination Only

To Make an Appointment

1. Complete the details in the form and fax to +603 4141 3045 or email to imaging.radiographer@gleneagleskl.com.my
2. If we do not reply your call or email within the same day by 4.00 pm kindly please call +603 4141 3386 during office hours (9.00 am to 5.00 pm – Monday to Friday, 9.00 am to 1.00 pm – Saturday) or +603 4141 3000 after office hours.

Payment Terms : Cash or Credit Card Only

Referring Doctor's Details

Ordered by Dr. :

Telephone/Handphone :

Email Address

Fax No:

Appt Date + Time :

Patient's Details

Last Menstrual Period :

Weight :

Is Patient Pregnant? :

Telephone/Handphone :

Email Address :

Contraindication :

- | | | |
|------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Cardiac Pacemaker / Defibrillator | <input type="checkbox"/> Metallic Implants / Prosthesis | <input type="checkbox"/> Shunts |
| <input type="checkbox"/> Brain / Aneurysm & Carotid Clips | <input type="checkbox"/> Neurostimulators | <input type="checkbox"/> Ear Implants |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Gunshot Wounds | <input type="checkbox"/> Metallic Eye Implants / Clips |
| <input type="checkbox"/> Insulin / infusion Pumps | <input type="checkbox"/> Charm Needles | <input type="checkbox"/> IUCD |

Please remove all electronics and magnetic items, jewellery, hair piece / accessories, watches, wallets and articles from pockets.

Examination Required :

Clinical Findings/Diagnosis :

CT SCAN			MRI			MRI		
	SDICTS00005	CT Head		SDIMRI00005	MRI Brain		SDIMRI00350	MRI Knee Joint – Right
	SDICTS00060	CT Paranasal Sinuses		SDIMRI00535	MRI Cervical Spine		SDIMRI00355	MRI Knee Joint – Left
	SDICTS00155	CT Chest (HRCT)		SDIMRI00540	MRI Thoracic Spine		SDIMRI00360	MRI Knee Joints – Both
	SDICTS00290	CT Cervical Spine		SDIMRI00545	MRI Lumbosacral Spine		SDIMRI00205	MRI Shoulder Joint – Right
	SDICTS00295	CT Thoracic Spine		SDIMRI00550	MRI Whole Spine (3 parts)		SDIMRI00210	MRI Shoulder Joint – Left
	SDICTS00300	CT Lumbosacral Spine		SDIMRI00320	MRI Hip Joint – Right		SDIMRI00215	MRI Shoulder Joints – Both
	SDICTS00265	CT Urogram		SDIMRI00325	MRI Hip Joint – Left		SDIMRA00010	MRA Brain
	SDICTS00311	CT Extremities		SDIMRI00330	MRI Hip Joints – Both		SDIMRA00025	MRA Carotid Arteries

Note: Report of the examination shall be emailed to the referring Doctor and patient within 48 Hours.

.....
Signature of Requesting Doctor

.....
Name in BLOCK LETTERS / Clinic Stamp