



Abirami Advanced
MRI Scan Centre

Accuracy
always

67, Ramanujam Nagar,
Coimbatore Rode,
Karur – 639002

Phone: 04324-248626

Mobile : 98429 44459, 99429 44459

MRI REFERRAL FORM

Patient Name : -----

Age / Sex : -----

Ph. No : -----

Address : -----

Ref. Dr : -----

Ph. No : -----

Clinical History / Impression :

Areas to be Scanned :

Doctor's Signature

• Ambulance facilities available at request Yes No

<p>MRI Brain</p> <ul style="list-style-type: none"> • Routine scan <input type="checkbox"/> • Stroke protocol <input type="checkbox"/> • Epilepsy <input type="checkbox"/> • Tumor / CP Angle <input type="checkbox"/> 	<p>MRI TM Joints <input type="checkbox"/></p> <p>MRI Spine</p> <ul style="list-style-type: none"> • Cervical <input type="checkbox"/> • Thoracic <input type="checkbox"/> • Lumbosacral <input type="checkbox"/> • SI Joints <input type="checkbox"/> 	<p>MRI Soft tissue swelling <input type="checkbox"/></p>
<p>MRI Pituitary gland / Sella <input type="checkbox"/></p>	<p>MRI Chest / Thoracic inlet <input type="checkbox"/></p>	<p>MRI Joints & Limbs (Right Left)</p> <ul style="list-style-type: none"> • Shoulder <input type="checkbox"/> • Elbow / Wrist <input type="checkbox"/> • Arm / Forearm <input type="checkbox"/> • Hand / Finger <input type="checkbox"/> • Hip <input type="checkbox"/> • Thigh <input type="checkbox"/> • Knee <input type="checkbox"/> • Leg <input type="checkbox"/> • Ankle <input type="checkbox"/> • Foot <input type="checkbox"/>
<p>MR Spectroscopy <input type="checkbox"/></p>	<p>MRCP Bile duct and</p> <ul style="list-style-type: none"> • Pancreatic duct <input type="checkbox"/> 	
<p>MR Venogram <input type="checkbox"/></p>	<p>MRI Abdomen <input type="checkbox"/></p>	
<p>MR Angiogram Brain arteries <input type="checkbox"/></p>	<p>MRI Prostate <input type="checkbox"/></p>	
<p>MR Angiogram Neck arteries <input type="checkbox"/></p>	<p>MRI Female Pelvis <input type="checkbox"/></p>	
<p>MRI Orbits <input type="checkbox"/></p>	<p>MRI Fistulogram (Anal canal) <input type="checkbox"/></p>	
<p>MRI Sinonasal region <input type="checkbox"/></p>		
<p>MRI Neck / Brachial plexus <input type="checkbox"/></p>		