BRAIN	NECK	CHEST	ABDOMEN	SPINE	BODY JOINTS

BRAIN	☐	NECK	☐	CHEST	☐	UPPER	☐	CREVICAL	☐
PNS	☐	MENDIBLE	☐	HRCT	☐	LOWER	☐	DORSAL	☐
ORBIT	☐	FACE	☐		☐	WHOLE	☐	LUMBER	☐
MRA	☐					MRCP	☐		
MRV	☐								

SHOULDER	☐
ELBOW	☐
KNEE	☐
LEG	☐
FOOT	☐
WRIST	☐
FEMUR	☐
HIP	☐
ANKLE	☐

Total Amount _____

Rs. _____

Advance _____

Balance _____

* I_____Son/Daughter/Wife of _____ hereby consent to undergo Contrast Study for the purpose of MRI-C.T.SCAN

* I will not hold any person responsible for any complication mild severe which may occur during the course of this purpose

Total Film used : _____

Total Contrast used : _____

_____
Signature of Patient/Attendent

_____
Signature of Technician

_____
Signature of Auditor