



འབྲུག་རྒྱལ་ཁབ་ཐུགས་རྒྱུན་ལྷན་ཁང་།
Jigme Dorji Wangchuck National Referral Hospital
Thimphu :: Bhutan



MRI Requisition Form

FORM: RMRI/01

Name: Panang Wangchuk Age: 42 Sex: F
 CID No: 10305701618 OPD: Ward:
 Weight: Kg. MRI No: Date: 8/7/2024

Please Tick in the box

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Brain | 2. <input type="checkbox"/> Orbit | 3. <input type="checkbox"/> Pituitary |
| 4. <input type="checkbox"/> Sinuses | 5. <input type="checkbox"/> MRCP | 6. <input type="checkbox"/> Pelvis |
| 7. <input type="checkbox"/> Musculoskeletal | | |
| 8. <input type="checkbox"/> Cervical Spine | 9. <input type="checkbox"/> Thoracic Spine | 10. <input type="checkbox"/> Lumbar Spine |
| 11. <input type="checkbox"/> Brachial Plexus | 12. <input checked="" type="checkbox"/> Others | |

Brain, C-spine.

MRA (Magnetic Resonance Angiography)

13. ☐ Brain 14. ☐ Others

MRV (Magnetic Resonance Venography)

15. ☐ Brain 16. ☐ Others

☐ **Contrast Enhanced**

- Clinical History Exam C/O - Upper back pain
E radiation to B/L upper limb. H/O
migraine & persistent headache. not
subsiding & med
- Clinical Diagnosis L7 ? Central radiulopathy

Implant

- | | |
|---|--|
| 1. <input type="checkbox"/> Cardiac Pacemaker | 2. <input type="checkbox"/> Cardiac Valve Prosthesis |
| 3. <input type="checkbox"/> Metallic Foreign Body | 4. <input type="checkbox"/> Aneurysm Clips 5. <input type="checkbox"/> Vascular Stent |
| 6. <input type="checkbox"/> Others | |

NOTE: - BLOOD RFT REQUIRED FOR ANGIOGRAPHY

Name:-
 Signature & Seal of Physician,
 Date:

(Signature)
 Dr. Nomina Pradhan MD
 B.Sc ND, MBBS, MD, FRCST
 Orthopedic Surgeon
 MM/SP-317