## Referral form (medical information provision form) and application form for CT, MRI, and RI examinations

Application Date Month Day Chubu Tokushukai Hospital, Radiology Department TEL / FAX: 098-923- 0264 Reservations are required, so please fax or call us in advance.												
		Г	Referring medical institution									
〒901-2393 801 Hig	Name of the medical institution:											
Medical Corporation Tokushukai Chubu Tokushukai Hospital				Location :								
	T	TEL :										
Radiology Department Dr. Gushiken Masuichi			Doctor's Name:									
Furigana			Furigana									
Patient's			Former		Gender	Male · Female						
Full Name			surname									
Address												
Date of Birth	Year Month Day (	Years old)	Contact in	formation	XPlease en	ter a number where you can be easily reached.						
Preferred Examination date	① Month Day (AM PM	<u>1)</u>	2	) Mon	th Day	(AM PM)						
<b>-</b>												
The injury or disease name												

Purpose of referral History of present illness•symptoms

Please mark a circle in the appropriate category for the examination contents, simple, Contrast Medium, and body regions to be examined.

	CT MRI ( Simple Contrast )								
Examination contents	In case of the contrast imaging, please complete the attached CONSENT FORM and send it by FAX. Kenal function test result CRE mg/dl For MRI, please complete the attached MEDICAL QUESTIONNAIRE and send it by FAX. R I (Bone scintigraphy Gallium scintigraphy Dat Scan Resting cerebral blood flow scintigraphy (Tc,I)								
	Resting myocardial scintigraphy (Tc,Tl,MIBG) )								
Body regions to be examined	Head	Head VSRAD Ne	eck region	Chest	Abdomen (Liver	Bile Pancreas	Kidney MRCP)		
	Lumbar vertebrae	e Cervical vertebrae	Thoracic vertebrae	Pelvic area	a (Prostate Uterus	Ovaries) Corona	ry artery 3DCT		
	Extremities and joints (location: )		Oth	ner regions (		)			
CD with the imaging data		Required	<ul> <li>Not required</li> </ul>						

% If stabilizers (e.g. Selsyn) are needed for claustrophobia, please prescribe these at your hospital.

% If the patient has a pacemaker, please send a copy of the "Conditional MRI Card" and the "Notebook" by fax and the patient must bring these with him / her on the day of the examination.

Please note that depending on the physical condition of the patient and the condition of the machine on the examination day, it may not be possible to perform the imaging.