Schweizer Paraplegiker Zentrum | Centre suisse des paraplégiques | Centro svizzero per paraplegici | Swiss Paraplegic Centre

Radiology registration form

Telephone +41 41 939 55 77
Monday to Friday from 7 am to 6 pm

radiologie.spz@paraplegie.ch

Patient

Last name:

First name:

Date of birth:

Street:

Postcode / Town:

Telephone:

Have previous examinations already been carried out?
❑ yes ❑ no
Please enclose previous images.

Appointment:

❑ Please schedule an appointment for the patient

Required examination:

❑ X-ray
❑ EOS
❑ Ultrasound
❑ DEXA (bone density measurement)

❑ MRI
❑ CT; creatinine level / of _____
❑ CT infiltration; anticoagulation _____

Region:

Clinical details:

Question:

Risk factors / contraindications:

	yes	no
Currently pregnant	❑	❑
Allergies / known contrast medium intolerance	❑	❑
Impaired renal function	❑	❑
Thyroid dysfunction	❑	❑
Anticoagulation, clotting disorder, diabetic	❑	❑

Additional information for MRI:

	yes	no
Claustrophobia	❑	❑
Pacemaker, pain pump, neurostimulator, insulin pump	❑	❑
Metal parts (prostheses, clips, heart valve, cochlea implant, splinters)	❑	❑

In the case of implants, please enclose surgery report/information. Thank you.

Copy of results to:

❑ Image documentation via H-Net to:

_____

Referring physician:
Telephone / email:

Date / signature:

_____

Guido A. Zäch Strasse 1 | CH-6207 Nottwil | T +41 41 939 54 54 | F +41 41 939 54 40 | spz@paraplegie.ch | www.paraplegie.ch
Ein Unternehmen der Schweizer Paraplegiker-Stiftung