ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi - 110029

No.F-18/OPD/2015-Estt. (H)

A letter dated 23.02.2015 received from Dr. Arun Kumar Gupta, Prof. & Head, Deptt. of Radio-diagnosis, AIIMS is endorsed herewith to Chief(s) of all Centre, Head(s) & all faculty members of all Clinical Departments/Units, Prof. I/c Computer Facility, all OPD's and all inpatient wards (Thru.: CNO), All Faculty of Hospital Admn., for information.

(DR. D.K. SHARMA) MEDICAL SUPERINTENDENT

Dated: 24.02.2015

C.C.: Director, AIIMS - for information.

Head, Deptt. of Radio-diagnosis, AIIMS.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES ANSARI NAGAR, NEW DELHI -- 110029

DR. ARUN KUMAR GUPTA M.D, FAMS PROFESSOR 3 Head DEPARTMENT OF RADIODIAGNOSIS TEL: 26594889, 26588989, Cel:9868398800 FAX: 91-11-26588641; 26588663 Email: arunk676@gmail.com

23rd February 2015

To
Prof D K Sharma
Medical Superintendent
AIIMS
New Delhi

1129

Subject: Policy for filling requisition form for MRI studies in main hospital

Dear Dr Sharma,

As you are well aware that MRI is a very advanced imaging technique. Due to the complexity of the procedure it takes very long to complete one case. Therefore the total number of cases which we can accommodated on a working day are much less compared to for example CT scans. Also MRI is costly to perform.

MRI therefore should be used judiciously in selected situations only and not as a routine investigation especially when the answer can be obtained from other investigations. There are guidleines already in place for this.

Unfortunately in the main hospital a large number of MRI requisitions are filled by even junior residents where either there is no adequate indication or information obtained will not change the management or outcome. This results in huge number of avoidable unnecessary MRI studies because of which appointment date is greatly delayed.

P.T. O.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES ANSARI NAGAR, NEW DELHI – 110029

DR. ARUN KUMAR GUPTA M.D, FAMS PROFESSOR & Head DEPARTMENT OF RADIODIAGNOSIS TEL: 26594889, 26588989, Cell:9868398800 FAX: 91-11-26588641; 26588663

Email: arunk676@gmail.com

This is to request you to kindly circulate to all the clinical units and EHS that:

- 1) Every MRI requisition form must be signed/countersigned by a faculty.
- 2) Forms not duly signed by a faculty will be returned
- 3) All clinical units must try to reduce requests for MRI and try to obtain information by other modalities if possible.

Thanking you

Regards

(Dr Arun Kumar Gupta) A Ecolum