



REFERENCES

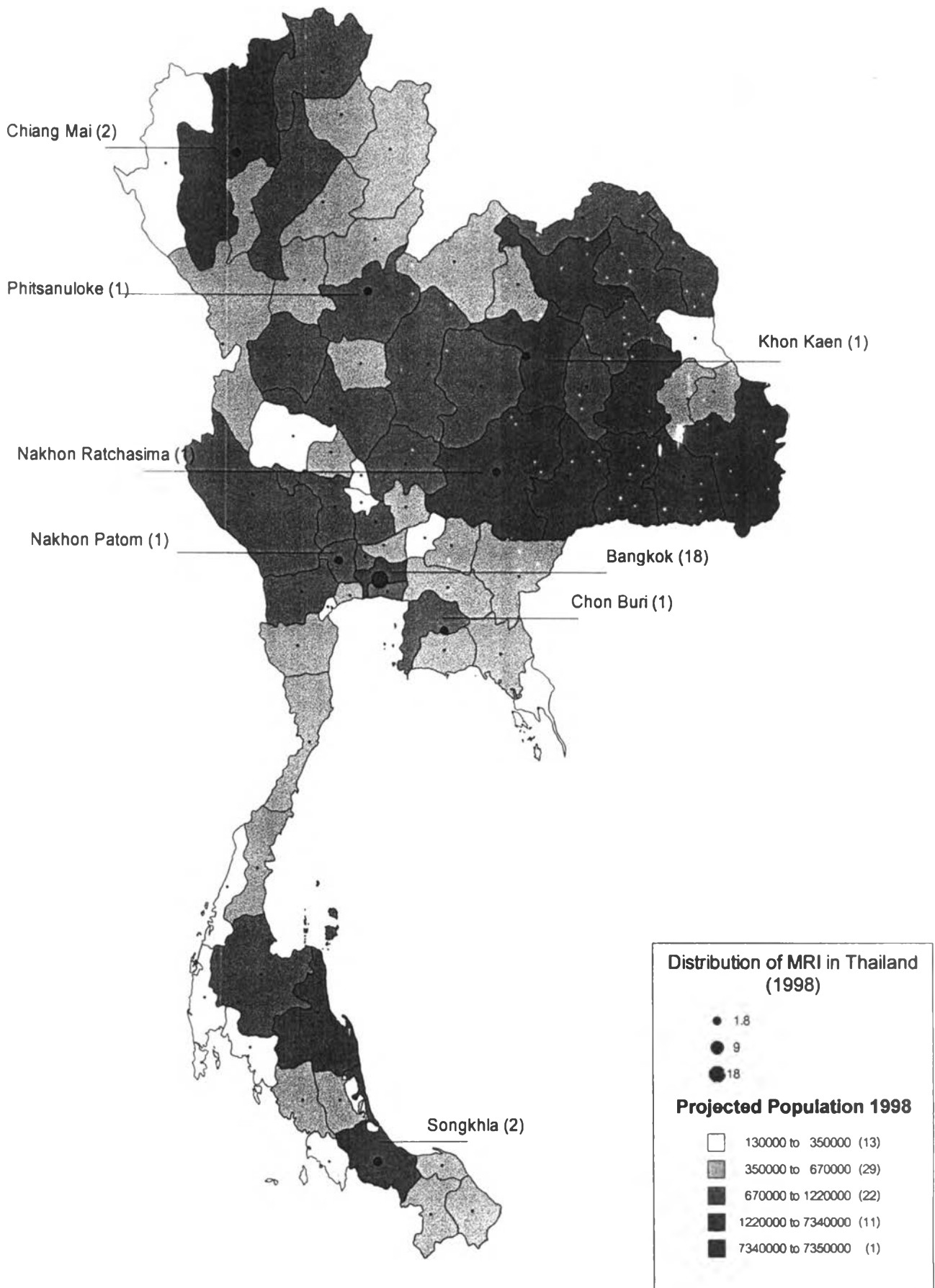
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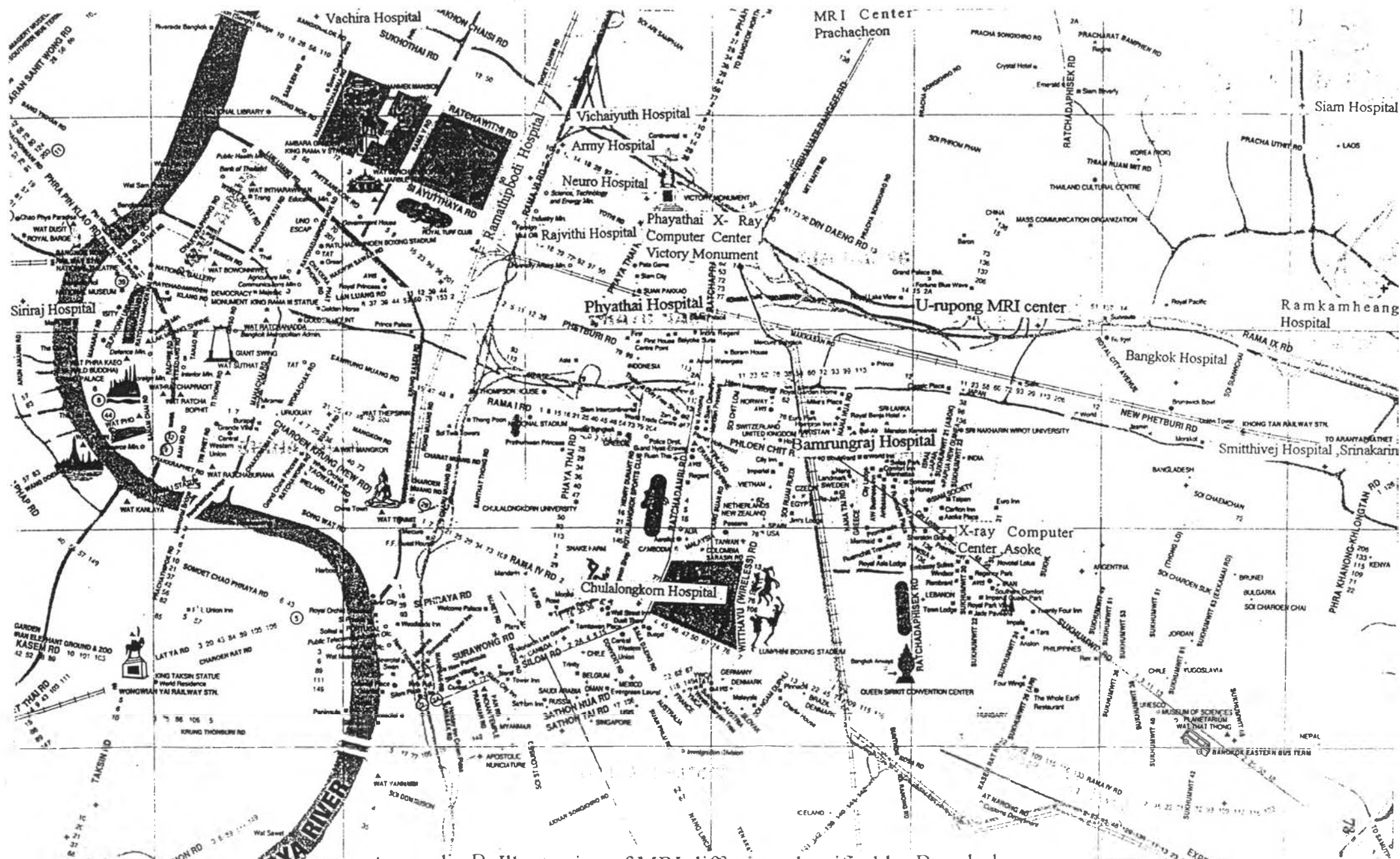
APPENDIX A

Distribution of MRI in Thailand



APPENDIX B

Illustration of MRI diffusion in Bangkok

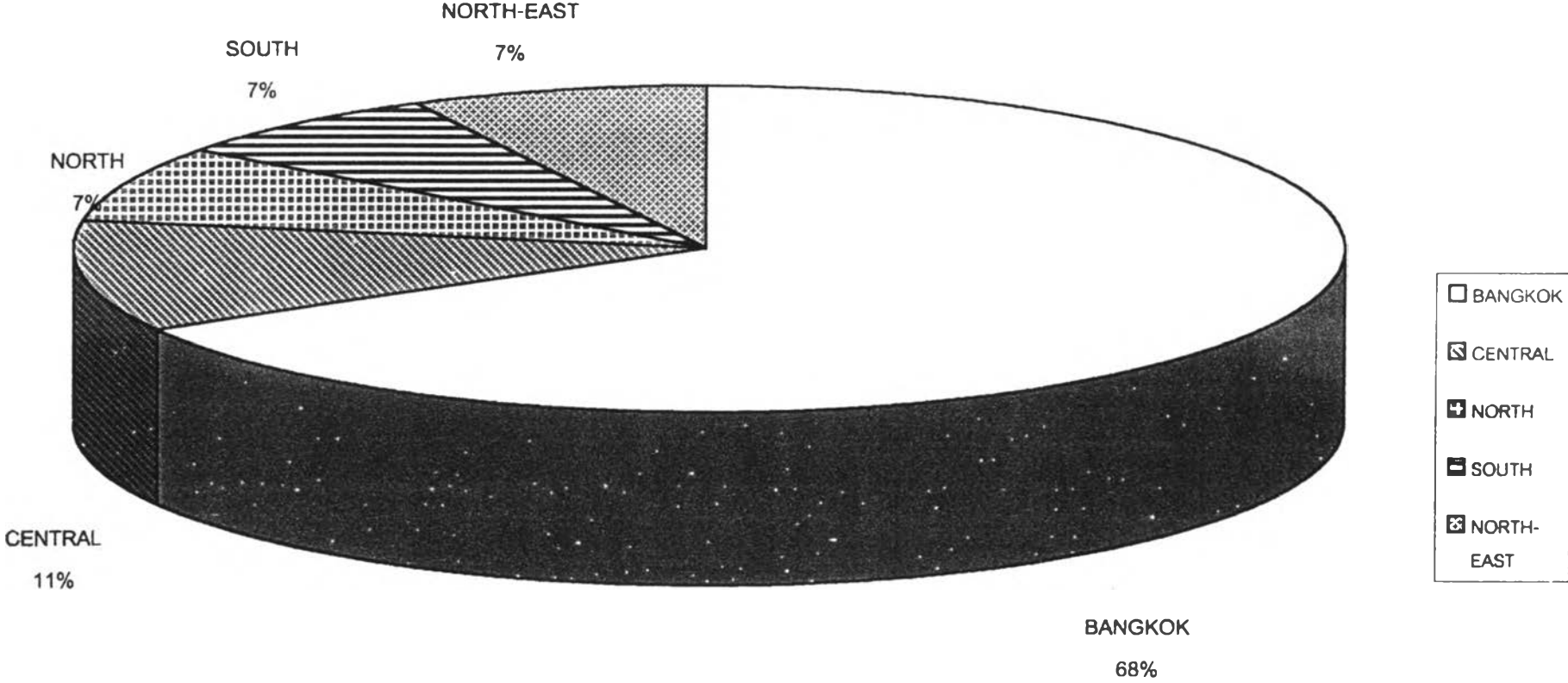


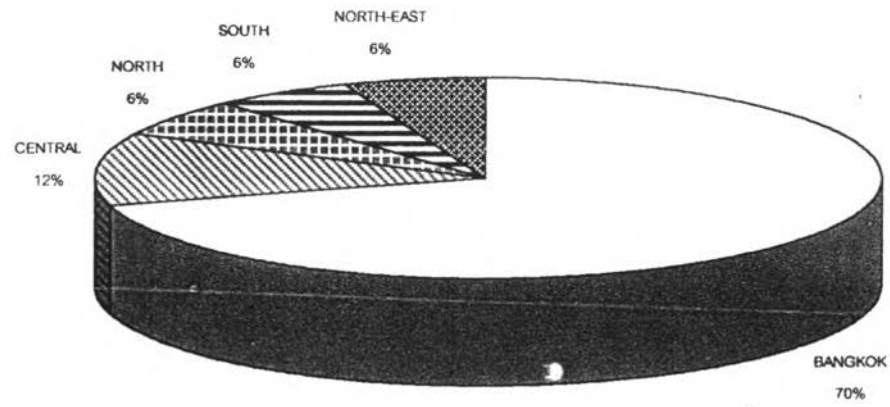
Appendix B Illustration of MRI diffusion classified by Bangkok

APPENDIX C

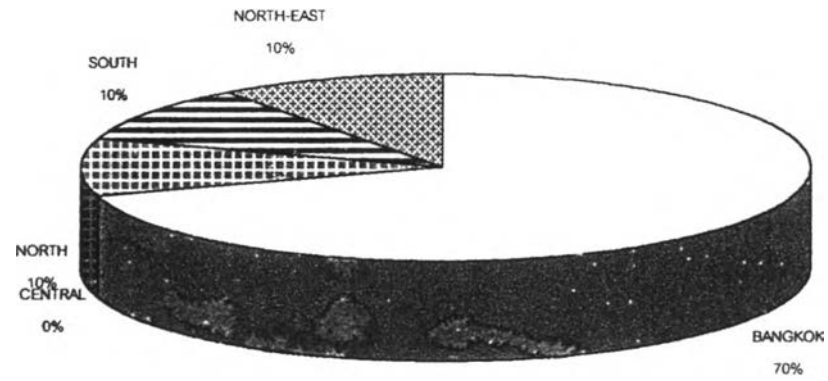
Illustration of MRI application in Thailand

REGIONAL DISTRIBUTION OF MRI 1998



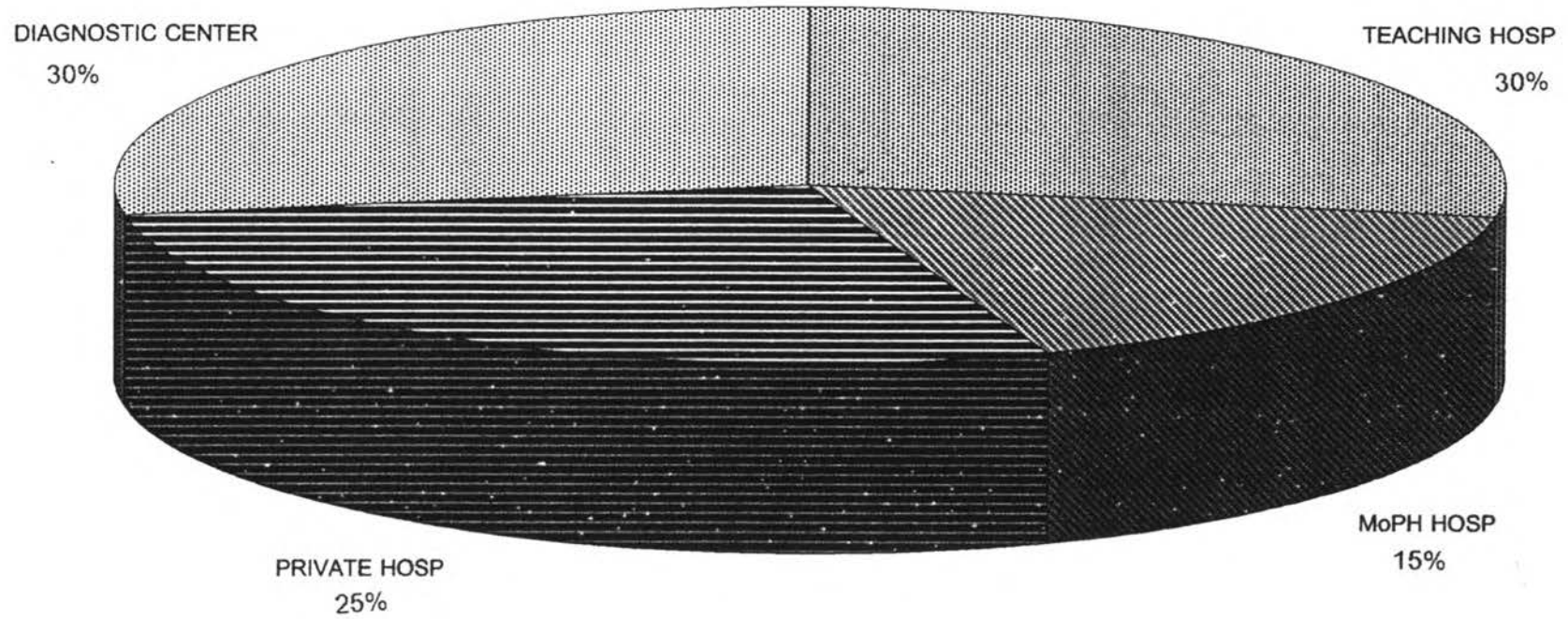


PRIVATE TOTAL 17 UNITS

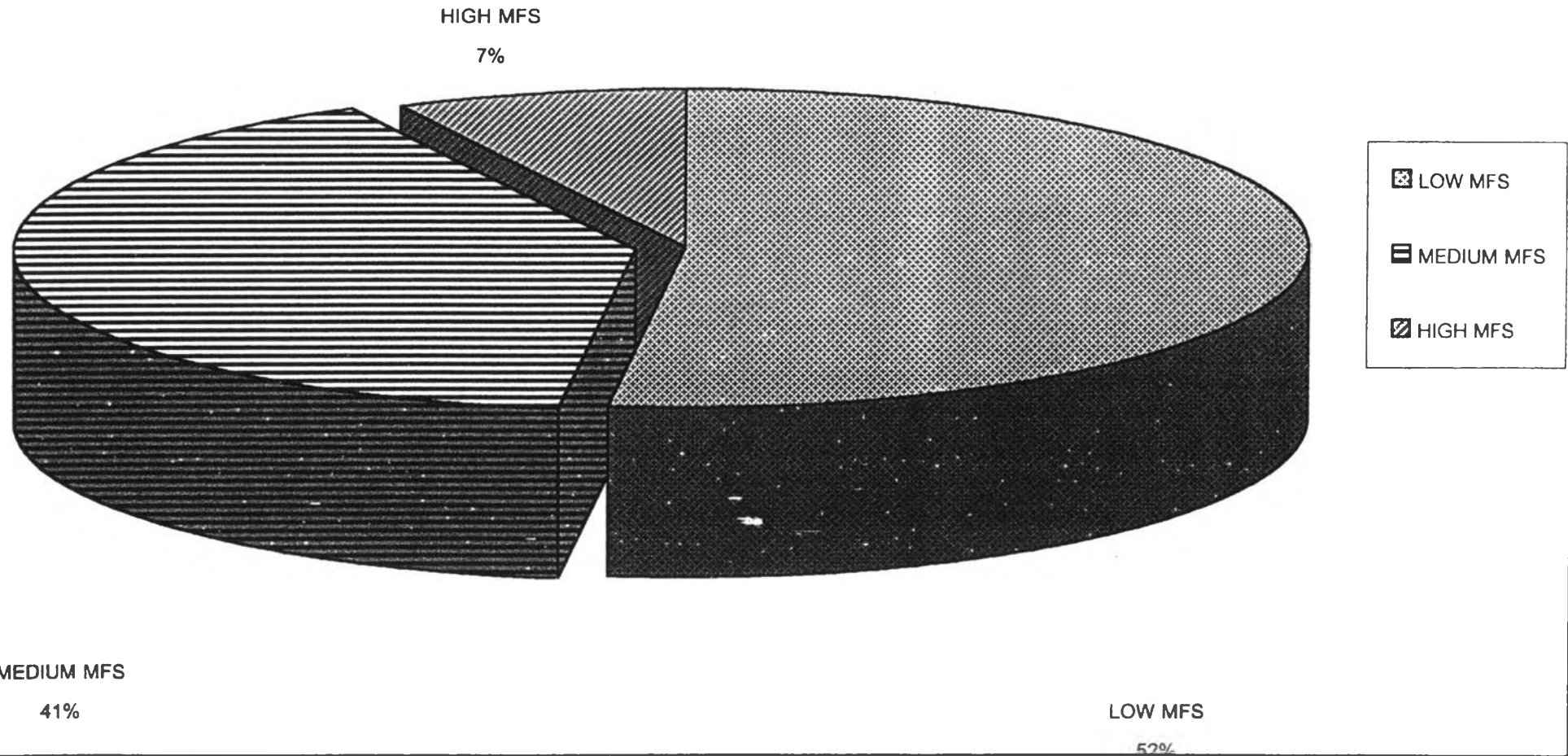


PUBLIC TOTAL 10 UNITS

MRI DISTRIBUTION CLASSIFIED BY OWNERSHIP THAILAND



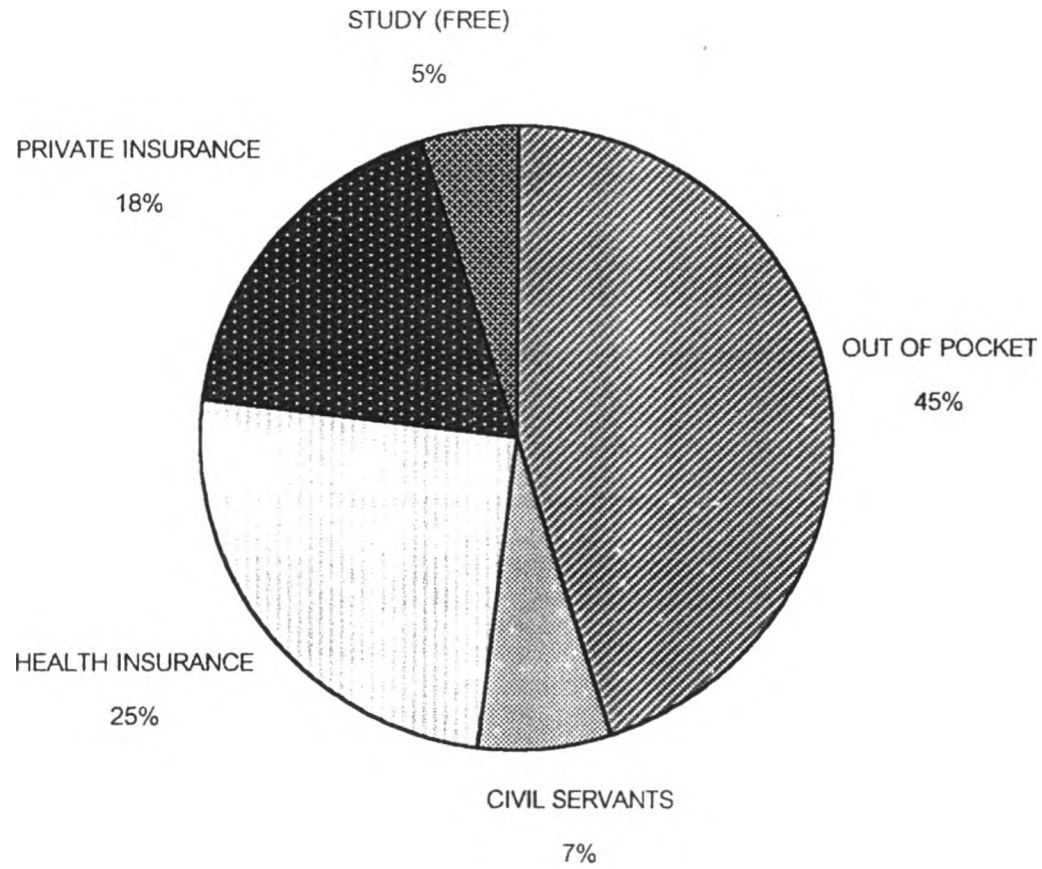
DISTRIBUTION OF MRI 1998 CLASSIFIED BY MFS.



APPENDIX D

Illustration of characteristics of MRI's patient

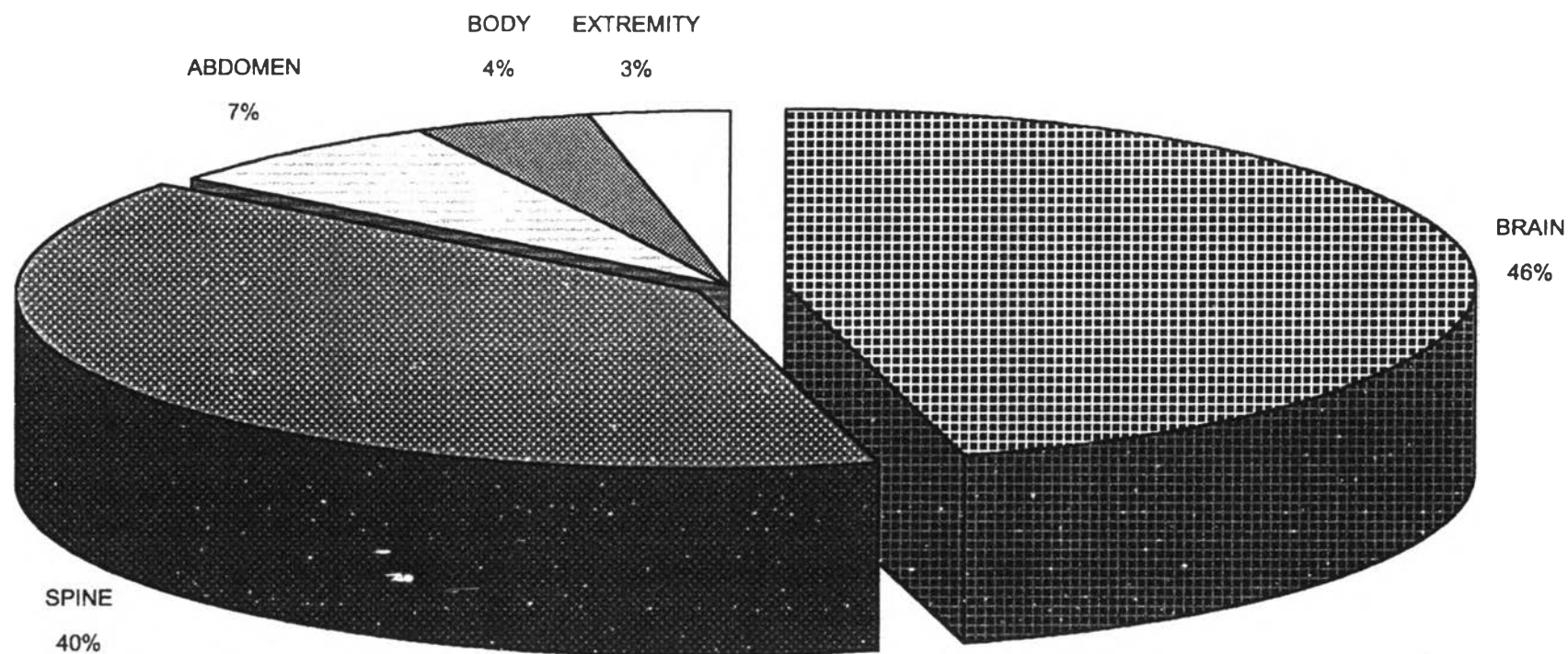
PATIENT PAYMENT STATUS FOR MRI SERVICE 1997 IN CHULALONGKORNHOSPITAL



APPENDIX E

Questionnaires

1997 ANNUAL OUTPUT BY TYPE OF PROCEDURE



MRI center questionnaire (interview)

Name..... Position..... Tel ()
Date

Diffusion Survey

1.Hospital Name _____

2.Address _____

3.No. of beds _____ bed

4.MRI : Year bought _____ Year first operated _____

5.Distributor _____

Address _____

6.Purchasing price _____ Baht

7.MRI :

7.1 Model _____

7.2 Magnetic field strength _____

7.3 Magnetic type Superconductive Permanent magnetic
 Resistive magnetic

Personnel

8.No. of Radiologist Full time _____ person Part time _____ person

9.No. of technician Full time _____ person Part time _____ person

Productivity

10.Operating time _____

Day / week _____ day Hour /day _____ hour

11.Yearly service (cases)

| Year | No. of service |
|------|----------------|
| 1998 | |
| 1997 | |
| 1996 | |
| 1995 | |
| 1994 | |

12. Average Charge : Head _____ Baht Spine _____ Baht
Pelvis _____ Baht Abdomen _____ Baht

Patient Prospective Data Collection

Name..... Position..... Tel ()
 Date

No. _____ Hospital Number _____ OPD IPD

Name _____ Age _____ Yr. Sex Male Female

Occupation _____

Monthly incomes _____

Provincial Bangkok Others _____

Method of payment

- | | |
|--------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Out of pocket | <input type="checkbox"/> CSMBS |
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Health Card |
| <input type="checkbox"/> Social welfare for low income | <input type="checkbox"/> Others _____ |

Part to be examined Head Spine Musculoskeletal
 Pelvis Abdomen Extremity

Ordered By Doctor inside this Hospital / center
 Referred from others

Doctor specialty General Neurology Radiology

Pre-investigation Diagnosis _____

Examination Results Normal
 AbnormalSame as pre-investigation diagnosis
 AbnormalDifferent from pre-investigation diagnosis
 AbnormalNon specific

Charge _____ Baht

CURRICULUM VITAE

- Name : Mana Vatakul
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