

**TENTATIVE PROGRAM  
DIGITAL IMAGING SEMINAR  
The MAHSA MEDICAL IMAGING SOCIETY (MMIS)**

Day 1: 27<sup>th</sup> April 2018 (Friday)

Time	Topic	Speaker
0730-0845	Registration and Morning tea	
0845-0900	Opening Remarks by Organizing Chairperson	
0900-0930	Introduction to digital imaging	Jimmy Lim Wai Kit
0930-1030	CR Technology	
1030-1130	DR Technology	
1130-1230	Digital Image Processing	
1230-1430	Lunch Break & Friday Prayer	
1500-1600	Special Lecture : New Trend of X-Ray Machine-Dynamic DR	Rockey Tang, Angell.
1600-1700	DICOM, HL7, HIS and RIS,PACS And Teleradiology	Ms. Puah Hooi Ling (Cannon- Toshiba)
1700-1730	Setting up a digital imaging department	Encik. Rosdi , LAC Medical
1730	End of day 1	

Day 2 : 28<sup>th</sup> April 2018 (Saturday)

Time	Topic	Speaker
0900-0930	Radiation Protection: Patient dose and safety In Digital Imaging.	Dr. Bidi bin Ab. Hamid
0930-1000	Image Artifacts and Management	Khadijah Ramli
1000-1030	Exposure Index and Its Applications	Khadijah Ramli
1030-1100	Tea Break	
1100-1130	Quality Control and quality management	Chan Lai Kuan
1130-1200	TQM of CR & DR	
1200 -1230	Reject Analysis in Digital Imaging	
1230 -1300	How to work effectively with digital imaging - Technologist Responsibilities	
1300-1400	Lunch Break and End of Seminar	

The organizer has the right to alter the program without prior acknowledgement.

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**DIGITAL RADIOGRAPHY SEMINAR 2018**  
 Auditorium, 9<sup>th</sup> Floor, Dental Block  
 MAHSA University  
 Bandar Saujana Putra

**Registration Form:**

<b>Member Status</b>	MSR Life member ( <input type="checkbox"/> ), MSR Member ( <input type="checkbox"/> ), Not member ( <input type="checkbox"/> )
<b>Title</b>	<b>Mr / Miss / Ms /</b>
<b>Full Name</b>	
<b>Current Employment</b>	
<b>Address</b>	
<b>Mobile Number</b>	
<b>Email Address</b>	
<b>Food Choice</b>	Vegetarian ( <input type="checkbox"/> ) Non Vegetarian ( <input type="checkbox"/> )
<b>Payment option</b>	Cash ( <input type="checkbox"/> ), Cheque ( <input type="checkbox"/> ), Telegraphic Transfer ( <input type="checkbox"/> )
<b>Payment Amount</b>	RM
Please mail / email registration form and proof of payment to Ms Fatihah Syafinaz Kamarul Zaman at <a href="mailto:syafinaz@mahsa.edu.my">syafinaz@mahsa.edu.my</a>	

Payment Information (Payment can be made to the following account)	
<b>Beneficiary Name</b>	Malaysian Allied Health Sciences Academy Sdn. Bhd
<b>Beneficiary Account Number</b>	10-040-001653-6
<b>Bank Name</b>	Affin Bank Berhad
<b>Bank Address</b>	No 4 & 6, Jalan Telawi 3, Bangsar Baru, 59100 Kuala Lumpur
<b>Swift Code</b>	PHBMMYKL

**CME Accredited, 10 points CPD Awarded**



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