

Name: _____		M / F	<input type="checkbox"/> On Account <input type="checkbox"/> Pay in ASSURE <input type="checkbox"/> 醫療券
D.O.B: _____	Clinic Ref: _____		<input type="checkbox"/> Medical Card: _____
HKID: _____	Mobile: _____		<input type="checkbox"/> Send to Clinic <input type="checkbox"/> Collect by Patient
Clinical Information:			<input type="checkbox"/> URGENT , Report Before: _____
			<input type="checkbox"/> Fax / Phone Report To: _____
			<input type="checkbox"/> Appointment Date / Time: _____
			_____ Referring Dr. Chop & Signature

Allergy:	Steroid Prescribed:	Creatinine (within 3 months): _____ mg/dL	Safety Check (for MRI only):
<input type="checkbox"/> Contrast	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diabetics Mellitus <input type="checkbox"/> Patient on Metformin	<input type="checkbox"/> Cardiac Pacemaker <input type="checkbox"/> Aneurysm Clip <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Drugs		<input type="checkbox"/> Renal Impairment <input type="checkbox"/> Hypertension on Medication	<input type="checkbox"/> Metal Implant <input type="checkbox"/> Intravascular Stent <input type="checkbox"/> Valvular Replacement

MRI Film + USB Booklet + USB Upload Web
 Plain Plain + Contrast Optional

Brain

Stroke Package : Brain + MRA (Brain + Neck)

Upper Abdomen Pelvis Prostate Whole Abdomen

Spine : Cervical Thoracic Lumbar Whole

Other :

PET-CT (Booklet + USB) Plain Plain + Contrast Optional

Whole Body Trunk + **Brain** + **Limbs**

FDG PSMA (for Prostate) Dotatate

Myocardial Viability

Body Weight : _____ kg Height : _____ cm

CT Film + USB Booklet + USB Upload Web
 Plain Plain + Contrast Optional

Coronary Angiogram with Calcium Score

Low Dose Thorax Thorax HRCT

Upper Abdomen Pelvis Whole Abdomen Urogram

Brain

Other :

BREAST IMAGING (Film) Implants One Side: L / R

3D Mammogram 3D Mammogram + Ultrasound Breast

2D Mammogram 2D Mammogram + Ultrasound Breast

Ultrasound Breast (Booklet)

ULTRASOUND (Booklet)

Thyroid Neck

Liver LGB Upper Abdomen Whole Abdomen

Kidneys + Bladder Pelvis TA Prostate TA

Others:

X-RAY *Wet Film now*

DEXA No Report Upload Web

CXR KUB DEXA Spine + Hip

Other :

OTHER TESTS Resting ECG Treadmill

Echocardiogram Holter (24h / 48h / 72h) 24hrs BP

Others:

LAB

LFT RFT Lipid Profile TSH FT3 FT4

Glucose (Fasting / Random) HbA1C CBP ESR

Urine (Routine / C & ST)

Stool (Routine / C & ST)

Others:

STAFF USE			
MRI			PET-CT
CT			MAMMO
XR			US
BLOOD			DEXA
UR			ECG
ST			OTHERS

Patient Preparation 檢查須知

1. Please arrive 30 mins before appointment. (PET-CT, MRI, CT)
2. Please bring your old film / report for comparison.
3. Please inform our staff if you are pregnant.

DIGITAL PET-CT 數碼正電子電腦斷層雙融掃描

1. **Fast for at least 6 hours before appointment time.** You may take medications as usual, with (plain) water.
 2. Tube feeding, total parenteral nutrition and intravenous fluids containing glucose should be discontinued at least 6 hours before examination.
 3. **For diabetic patient,** do not take diabetes drugs or insulin injection during fasting and bring the drugs needed to the centre.
 4. No vigorous exercise or lifting heavy objects 24 hours before PET-CT
1. **掃描前6小時開始禁食**，期間可以清水服用日常藥物。
 2. 掃描前6小時暫停鼻胃管餵飼、全靜脈營養輸液(TPN)或含葡萄糖成分的靜脈點滴。
 3. **糖尿病患者**在禁食期間不應服用任何糖尿病藥物或注射胰島素，但應隨身帶備到本中心。
 4. 檢查前24小時內不能劇烈運動或提取重物

CT SCAN 電腦掃描

1. Contrast exam: Fast for 4 hours.
 - **Patient older than 60 / renal disease / hypertension / DM:** Provide serum creatinine value within 3 months
 - Patient have allergy history on food/drug/contrast medium/asthma: Please inform your doctor for steroid cover
 - **DM patient on Metformin:** Stop Metformin on the day of exam and after 48 hrs
 2. **Coronary Angiogram:** Stop intake caffeine 24 hrs before exam
 3. **Upper/ Whole Abdomen:** Fast for 4 hours
 4. **Urogram/Pelvis/Whole Abdomen:** Needs a full bladder during exam
1. 顯影劑檢查：空腹4小時。
 - **60歲或以上病人 / 糖尿病患者 / 高血壓患者**需提供3個月內腎功能指數。
 - **過敏反應病史：**如閣下曾對食物藥物或顯影劑有過敏，請向主診醫生提出，或須在檢查前按指示服用口服類固醇藥。
 - **糖尿病患者：**如閣下正在服用甲福明，請於檢查當日及檢查後48小時停藥。
 2. **冠狀動脈造影：** 檢查前24小時內禁服咖啡因類飲品及做運動。
 3. **上腹部 / 全腹部掃描：** 請於檢查前空腹4小時。
 4. **泌尿系統 / 下腹部 / 全腹部掃描：** 檢查需急小便進行。

ULTRASOUND 超聲波掃描

1. **Upper/ Whole Abdomen / Gall Bladder exam:** Fast for 4 hours
 2. **Pelvis / Prostate / Urinary Bladder / Whole Abdomen:** Needs a full bladder during exam
1. **上腹部 / 全腹部及有關膽臟掃描：** 請於檢查前空腹6小時。
 2. **盆腔 / 前列腺 / 膀胱 / 全腹部掃描：** 檢查需急小便進行。

MRI 磁力共振掃描

1. Please inform our staff of the following conditions:
 - History of renal failure
 - Claustrophobia
 - Cardiac pacemaker or prosthetic heart valve
 - Intravascular coils, filters and stents
 - Hearing aid, cochlear implants
 - Internal shunt / programmable VP shunt
 - Surgical clips
 - Orthopaedic devices (e.g. pins, nails, screws), dentures
 - Insulin pump
 - Metallic foreign bodies
 - Wound of metallic foreign bodies or bullet injury
 - Intrauterine contraceptive device
 - Skin tattoo or permanent eye-lining and eyebrow
 2. **Upper / Whole Abdomen:** Fast for 4 hours, plain water allowed
 3. **MRCP:** Fast for 6 hours, no drinking allowed.
1. 如有以下情況，請通知本中心職員：
 - 腎衰竭病史
 - 幽閉空間恐懼症
 - 心臟起搏器或人造心瓣
 - 內置血管金屬性堵塞物、支架等
 - 助聽器、人造內耳窩
 - 體內引流導器 / 腦室引流導管
 - 外科血管夾
 - 骨科金屬釘、片或螺絲、假牙或補牙
 - 內置胰島素注射器
 - 金屬外物
 - 金屬碎片或子彈傷口
 - 子宮環
 - 紋身、紋眉及紋眼線
 2. **上腹部 / 全腹部掃描：** 檢查前空腹4小時，可飲少量清水
 3. **胰膽管掃描：** 檢查前空腹6小時，不可飲食

BREAST IMAGING 乳房造影檢查

1. Avoid any deodorant or powder to axilla prior to exam.
1. 請勿塗擦任何爽身粉、香體劑(噴霧或塗劑皆不可)在腋下。

香港九龍尖沙咀亞士厘道21號2樓全層

(港鐵尖沙咀站H出口，國際廣場有扶手電梯直達地面 / 港鐵尖東站L5出口電梯直達地面)

2/F, 21 Ashley, No. 21 Ashley Road, Tsim Sha Tsui, KLN, HK (MTR TST Exit H (iSQUARE), escalator access to the ground / MTR TST East Exit L5, elevator access to the ground)

