

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

<b>Allergy:</b>	<b>Steroid Prescribed:</b>	<b>Creatinine</b> (within 3 months): _____ μmol/L	<b>Safety Check</b> (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**     Plain     Plain + Contrast     Optional  
 Upload Web

Brain

**Stroke Package** : Brain + MRA (Brain + Neck)     **Breasts**

Upper Abdomen     Pelvis     Prostate     Whole Abdomen

**Spine** :  Cervical     Thoracic     Lumbar     Whole

**Other** :

**PET-CT**     Plain     Plain + Contrast     Optional

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

FDG     PSMA (for Prostate)     DOTA

Myocardial Viability

Body Weight : \_\_\_\_\_ kg    Height : \_\_\_\_\_ cm

**CT**     Plain     Plain + Contrast     Optional  
 Upload Web

**Coronary Angiogram with Calcium Score**

Low Dose Thorax     Thorax     HRCT

Upper Abdomen     Pelvis     Whole Abdomen     Urogram

**Brain**

**Other** :

**BREAST IMAGING**     Implant     One Side: L / R

3D Mammogram     2D Mammogram     Ultrasound Breasts

FNA

Core Biopsy

**X-RAY**     **Wet Film now**

**DEXA**     No Report     Upload Web

CXR     KUB     DEXA Spine + Hip

**Other** :

**ULTRASOUND**

Thyroid     Neck + (  FNA /  Biopsy /  Optional)

Liver     LGB     Upper Abdomen     Whole Abdomen (TA / TV / TR)

Kidneys + Bladder     Pelvis TA / TV     Prostate TA / TR

**Others**:

**LAB**

LFT     RFT     Lipid Profile     TSH     FT3     FT4

Glucose (Fasting / Random)     HbA1C     CBP     ESR

Urine (  Routine /  C & ST)

Stool (  Routine /  C & ST)

**Others**:

**OTHER TESTS**     Resting ECG     Treadmill

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

**Others**:

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



地圖連結  
Get the Map



公司網頁  
WEBSITE

**香港九龍亞士厘道21號2樓全層** 港鐵尖沙咀站C1出口 / 尖東站L5出口 (國際廣場及尖東站L5出口有電梯直達地面)  
2/F, 21 Ashley, No. 21 Ashley Road, Tsim Sha Tsui, Kowloon, HK MTR TST Exit C1 / TST East Exit L5 (Elevator access to the ground at i SQUARE / TST East Exit L5)

**辦公時間 Opening Hours** 星期一至星期五: 9:00 AM – 6:00PM Mon – Fri: 9:00 AM – 6:00PM  
星期六: 9:00 AM – 1:00PM Sat: 9:00 AM – 1:00PM

## 重要檢查須知 Important Instructions

### PET-CT 正電子掃描

- 掃描前6小時開始禁食,期間可以清水服日常藥物。  
Fast for at least 6 hours before appointment time. You may take medications as usual, with (plain) water.
- 糖尿病患者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。  
For diabetic patient, do not take diabetes drugs or insulin injection during fasting and bring along the drugs needed.

### CT 電腦掃描

- 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。  
Patient have allergy history on food/drug/contrast medium/asthma: Please inform your doctor for steroid cover.
- 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。  
Coronary Angiogram: Stop intake caffeine and exercise vigorously 24 hrs before exam

### MRI 磁力共振

如有以下情況, 請通知本中心職員 Please inform our staff of the following conditions:

- 腎衰竭病史 History of renal failure
- 幽閉空間恐懼症 Claustrophobia
- 助聽器、人造內耳窩 Hearing aid, cochlear implants
- 外科血管夾 Surgical clips
- 內置胰島素注射器 Insulin pump
- 金屬外物 Metallic foreign bodies
- 子宮環 IUCD
- 心臟起搏器或人造心瓣 Cardiac pacemaker or prosthetic heart valve
- 內置血管金屬性堵塞物、支架等 Intravascular coils, filters and stents
- 體內引流導器 / 腦室引流導管 Internal shunt / programmable VP shunt
- 骨科金屬釘、片或螺絲、假牙或補牙 Orthopaedic devices (e.g. pins, nails, screws), dentures
- 金屬碎片或子彈傷口 Wound of metallic foreign bodies or bullet injury
- 紋身、紋眉及紋眼線 Skin tattoo or permanent eye-lining and eyebrow

請帶回相關檢查之舊X光片及報告(如有)以資對照。 女性病人如懷疑懷孕, 請通知本中心職員。  
Please bring your old film/ report for comparison. Please inform our staff if you are pregnant.