

<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</b>	<b>Creatinine</b> (within 3 months): _____ μmol/L	<b>Safety Check</b> (for MRI only):			
<input type="checkbox"/> Contrast	<b>Prescribed:</b>	<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"/> Yes <input type="checkbox"/> No	<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 / 全腹部及有關臟腑掃描：** 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)

