

<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

Others :

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

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

FDG     PSMA (for Prostate)     DOTA

Myocardial Viability     **F-18 Amyloid Brain (Plain)**

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**

Others :

**BREAST IMAGING**     **Wet Film Now**

Implant     One Side: L / R     Upload Web

3D Mammogram     2D Mammogram     Ultrasound Breasts

FNA

Core Biopsy

**X-RAY**     **Wet Film now**

**DEXA**     No Report     Upload Web

CXR     KUB     DEXA Spine + Hip

Others :

**ULTRASOUND**     Upload Web     No Report

Thyroid     Neck + (  FNA /  Optional )     Fibroscan

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**     Thin Prep     HPV/DNA

Echocardiogram     24hrs Holter     24hrs BP     Treadmill     Resting ECG

Others:

MRI			PET-CT		
CT			MAMMO		
XR			US		
BLOOD			DEXA		
UR			ECG		
ST			OTHERS		
CB____ EDTA____ FI____ Cit____ Hep____					



地圖連結  
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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A1、C1 出口 / 尖東站L5出口 (A1及L5出口均有電梯直達地面)

2/F, 21 Ashley, No. 21 Ashley Road, Tsim Sha Tsui, Kowloon, HK

MTR TST Exit A1, C1 / TST East Exit L5 (Elevator access to the ground at Exit A1 / Exit L5)

## 辦公時間 Opening Hours

星期一至六: 9AM - 6PM

Mon - Sat: 9AM - 6PM

## 重要檢查須知 Important Instructions

### PET-CT 正電子掃描

1. 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.
2. 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

1. 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.
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。  
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
- 體內引流導管 / 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。  
Please bring your old film/ report for comparison.

女性病人如懷疑懷孕, 請通知本中心職員。  
Please inform our staff if you are pregnant.

如需協助, 歡迎致電3859 3900 與本中心職員聯絡。  
If you need any assistance, please contact our staff at 3859 3900.