

Appt Date : / / Reg. Time : Referral Date : / /

Name: _____ **M/F** ☐ On Account ☐ Medical Card ☐ Pay in Venus
D.O.B: _____ **Clinic Ref:** _____ ☐ Send ☐ Collect by patient ☐ Wet Film
HKID: _____ **Mobile:** _____ ☐ Fax: _____ ☐ Whatsapp: _____

Clinical Information:

Information for CT/ PET-CT/ MRI

Allergy: ☐ Contrast ☐ Drugs **Creatinine/ eGFR**(within 3 months) : _____ **Operation** ☐ Cardiac pacemaker ☐ Metal implant
Steroid prescribed: ☐ Yes ☐ No **DM on Metformin:** ☐ Yes ☐ No (for MRI only): ☐ Aneurysm Clip ☐ Intravascular stent
☐ Cochlear Implant ☐ Valvular replacement

Referring Dr. Chop & Signature

BREAST	☐ Implants	☐ One side : L / R
☐ Ultrasound	☐ 2D/ 3D Mammogram + Ultrasound	
☐ 2D/ 3D Mammogram		
Ultrasound guided:	☐ FNA ☐ Core Bx ☐ VAB ☐ Marker	
Tomosynthesis guided:	☐ Core Bx ☐ VAB + Marker	
	☐ Ductogram	
MRI guided:	☐ VAB + Marker	
Special Marker:	☐ Magseed ☐ Savi Scout	

MRI	☐ Plain	☐ P + C	☐ Optional
☐ Brain	☐ MRA Brain	☐ IAM	Screening Package:
☐ Nasopharynx + Neck			☐ Stroke (Brain + MRA Brain & Neck)
☐ Breast - Full Diagnostic			☐ Hypertension
☐ Upper Abdomen			☐ Whole Body+ Brain (excluding limbs)
☐ Pelvis			☐ Whole Body+ Brain (including limbs)
☐ Prostate			☐ Whole Body + Angiogram (excluding limbs)
☐ Whole Abdomen			
☐ Spine: <u>C / T / L / S</u>			
☐ Shoulder L / R			
☐ Knee: L / R			Others:
☐ Ankle: L / R			

ULTRASOUND

- ☐ Thyroid
- ☐ Thyroid FNA
- ☐ Liver
- ☐ LGB
- ☐ LGB + Pancreas + Spleen
- ☐ Fibrotouch + Fatty liver
- ☐ Upper Abdomen
- ☐ Soft tissue
- ☐ Soft tissue FNA / BX
- ☐ Whole Neck
- ☐ Lymph node FNA / BX
- ☐ Kidneys + Bladder
- ☐ Pelvis TA
- ☐ Pelvis TA + TV
- ☐ Prostate TA
- ☐ Prostate TA + TR
- ☐ Whole Abdomen TA/ TV/ TR
- ☐ Others:

XRAY

☐ CXR ☐ KUB ☐ HSG

☐ Others:

DEXA Weight: _____ kg Height: _____ cm

☐ Spine + Hip ☐ Spine + Hip + Forearm

Health Check Plans

☐ WHC01	☐ MHC01	☐ Hep B
☐ WHC02	☐ MHC02	

Lab items only (Blood + Urine + Stool)

- ☐ WHC01
- ☐ WHC02

CT ☐ Plain ☐ P + C ☐ Optional

- ☐ Brain
- ☐ Cerebral Angiogram
- ☐ Paranasal Sinus
- ☐ Thorax
- ☐ HRCT
- ☐ Coronary Angiogram + Calcium Score
- ☐ Urogram
- ☐ Whole Abdomen
- ☐ Low Dose Thorax
- ☐ Upper Abdomen
- ☐ Pelvis

Others:

PET-CT ☐ Plain ☐ P + C ☐ Optional

☐ ¹⁸F-FDG
☐ ¹⁸F-PSMA
☐ ¹¹C-Acetate
☐ ⁶⁸Ga-DOTATATE
☐ ¹⁸F-FMM Amyloid

☐ Brain
☐ Whole Body Trunk
☐ Upper Limbs
☐ Lower Limbs

Body Weight: _____ kg Height: _____ cm

ECG / BLOOD / OTHERS:

☐ Resting ECG ☐ w/ Report ☐ w/o Report
☐ Treadmill ECG ☐ Holter (24/ 48/ 72hrs)
 Others:

PATIENT PREPARATION 檢查須知

Please arrive 30 minutes before CT/MRI/PET-CT

磁力共振/正電子/電腦掃描請於預約時間30分鐘前到達

Please bring old films/ DVDs/ reports for comparison

請帶同相關檢查之舊片/光碟及報告以作參考

MRI 磁力共振

Please alert our staff if you have any of the following:

如有以下情況，請通知我們。

- History of renal failure 腎衰竭病史
- Claustrophobia 幽閉空間恐懼症
- Cardiac pacemaker/cardiac defibrillator/artificial heart valve 心臟起搏器/心律去顫器/人工心臟
- Cochlear implant/ neurostimulator 助聽器/神經刺激器
- Aneurysm clips, vascular stent 血管夾
- Metal implant/ Metallic foreign body/ Metallic dental implant 人工關節/ 骨科手術金屬植入物/體內金屬異物/假牙
- Shrapnel, bullet wound 砲彈或子彈傷口
- Tattoo/ permanent cosmetics 紋身或永久性化妝品
- IUCD 子宮環
- Pregnancy 懷孕

For contrast study, there is **no need to fast** prior to examination
病人並不需於接受顯影藥水檢查前禁飲食。

For Abdominal MRI (including MRCP): **Fast for 6 hours.**

接受上腹或全腹部(包括胰膽管造影)磁力共振檢查之人士，
需於檢查前六小時禁飲食。

PET-CT 正電子電腦掃描

- Fast for 6 hours, water is allowed.**

檢查前六小時開始禁食，期間可飲用清水。

- No exercise one day before the exam.
檢查前一天不要進行任何運動或提取重物。
- Avoid Chinese medicine, caffeine or alcohol three days before exam.
掃描前三天避免服用中藥、咖啡因及酒精。
- Exclude pregnancy.
請確定在檢查時並沒有懷孕。
- Diabetes: Stop diabetic drugs/insulin injections during fasting.
Please bring along the drugs to the centre.
糖尿病患者禁食期間請勿服用糖尿藥物或注射胰島素
請帶備這些藥物到本中心待檢查完畢後服

CT 電腦掃描

- CT Upper Abdomen :
Fast for 4 hours for better visualization of the gallbladder .
接受上腹部電腦掃描檢查之人士，
需於檢查前四小時禁飲食，以確保膽囊影像清晰。
- If you have history of contrast allergy,
please inform your clinician for steroid cover before contrast CT.
如閣下對顯影劑過敏反應，
請向主診醫生提出並按醫生指示在檢查前服用口服類固醇藥。
- Alert our staff if you have history of renal failure or asthma.
如有腎衰竭病史或哮喘，請提早通知本中心職員。
- Coronary Angiogram:
No exercise, coffee, tea or coke 12 hours before examination.
冠狀動脈掃描檢查前12小時禁止做運動，飲咖啡，茶或可樂。
- Exclude pregnancy.
請確定在檢查時並沒有懷孕。

MAMMOGRAM 乳房X光造影

- Avoid any deodorant or powder to axilla prior to examination.
請避免塗上止汗液，潤膚膏及爽身粉。
- Exclude pregnancy.
請確定在檢查時並沒有懷孕。

ULTRASOUND 超聲波

- Pelvis/ Prostate: drink water 30 mins prior to exam for full bladder.
盆腔/前列腺檢查: 請於檢查前半小時盡量飲大量清水(急小便)。
- Upper/ Whole abdomen : **Fast for 4 hours.**
上腹部或全腹部檢查: 檢查前四小時內不可進食。
- Fibrotouch: **Fast for 6 hours.**
肝纖維化掃描: 檢查前六小時內不可進食。



恒成大廈
Hang Shing Building
(麥當勞旁邊入口)

北海街 Pak Hoi St

永安百貨
Wing On

寧波街 Ning Po St

裕華百貨
Yue Hwa

佐敦A出口



逸東酒店
Eaton Hotel

北海街 Pak Hoi St

星巴克
Starbucks

茂林街 Mau Lam St

佐敦道 Jordan Rd

彌敦道 Nathan Road

3A Hang Shing Building, 363 Nathan Road

九龍彌敦道363號恒成大廈3A室

佐敦A出口 / MTR Exit A

Appt : 2153 9353 / 2153 9373 / 9662 7219

Fax : 2153 9391

Opening Hours : Mon - Fri 9am - 6:30pm

Sat : 9am - 5pm

