VENUS
HEALTH AND IMAGING CENTRE
妍 慧 醫 學 診 斷 中 心

☐ **URGENT**
☐ **Upload EHRSS**

Tel : 2153 9353
WhatsApp : 9662 7219

Appt Date : / / Referral Date : / /

Name: _____ **M/F**
D.O.B: _____ **Clinic Ref:** _____
HKID: _____ **Mobile:** _____

☐ On Account ☐ Medical Card ☐ Pay in Venus
☐ Send ☐ Collect by patient ☐ Wet Film
☐ Fax: _____ ☐ Whatsapp: _____

Clinical Information:

Information for CT/ PET-CT/ MRI

Referring Dr. Chop & Signature

Allergy: ☐ Contrast ☐ Drugs **Creatinine/ eGFR**(within 3 months) :_____
Steroid prescribed: ☐ Yes ☐ No **DM on Metformin**: ☐ Yes ☐ No

Operation (for MRI only): ☐ Cardiac pacemaker ☐ Metal implant ☐ Aneurysm Clip ☐ Intravascular stent ☐ Cochlear Implant ☐ Valvular replacement

BREAST ☐ Implants ☐ One side : L / R

☐ Ultrasound
☐ 3D Mammogram ☐ 2D Mammogram
☐ 3D Mammogram+Ultrasound ☐ 2D Mammogram+Ultrasound

Ultrasound guided: ☐ FNA ☐ Core Bx ☐ VAB ☐ Marker

Tomosynthesis guided: ☐ Core Bx ☐ VAB + Marker ☐ Ductogram

MRI guided: ☐ VAB + Marker

Special Marker: ☐ Magseed ☐ Savi Scout

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 ☐ HSG
☐ KUB
☐ Others:

DEXA

☐ Spine + Hip
☐ Spine + Hip + Forearm
Weight:_____kg
Height:_____cm

Health Check Plans

☐ WHC01 ☐ MHC01 ☐ Hep B
☐ WHC02 ☐ MHC02

Lab items only (Blood + Urine + Stool)

☐ WHC01 ☐ MHC01
☐ WHC02 ☐ MHC02

MRI ☐ Plain ☐ P + C ☐ Optional

☐ Brain ☐ MRA Brain ☐ IAM
☐ Nasopharynx + Neck
☐ Breast - Full Diagnostic
☐ Upper Abdomen
☐ Pelvis
☐ Prostate
☐ Whole Abdomen
☐ Spine: C / T / L / S
☐ Shoulder L / R
☐ Knee: L / R
☐ Ankle: L / R

Screening Package:
☐ Stroke (Brain + MRA Brain & Neck)
☐ Hypertension
☐ Whole Body + Brain (excluding limbs)
☐ Whole Body + Brain (including limbs)
☐ Whole Body + Angiogram (excluding limbs)
Others:

CT ☐ Plain ☐ P + C ☐ Optional

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

PET-CT ☐ Plain ☐ P + C ☐ Optional

☐ FDG ☐ PSMA ☐ Whole Body Trunk ☐ Brain
☐ Dotatate ☐ F18 FMM Amyloid ☐ Upper Limbs
☐ C11 Acetate ☐ 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/人工心瓣
- 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.
  糖尿病患者在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。

VENUS HEALTH AND IMAGING CENTRE 妍慧醫學診斷中心

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九龍彌敦道363號恒成大廈3A室

佐敦A出口 / MTR Exit A

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Opening Hours : Mon - Fri 9am - 6:30pm
Sat : 9am - 5pm