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CT & MAMMOGRAM FORM

安活醫學影像有限公司
MEDICAL IMAGING LIMITED

PATIENT INFORMATION

Patient's Name: _____

Sex / Age: _____ Ref no.: _____

Contact no.: _____

Appointment Date & Time: _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____

Signature: _____

PAYMENT METHOD

- On Account
 Cash
 Medical Card

REPORT & FILM

- Send to Doctor
 Patient Collect
 Wet Film
 Phone Report

Clinical Information: _____

Please tick more than one if needed**MEDICAL HISTORY & ALLERGY HISTORY**

- Renal Impairment
 Asthma
 Seafood Allergy

- Contrast Allergy
 Taking Metformin

- Drug Allergy _____
 Pregnant LMP _____

CT Plain With Contrast Contrast Optional

- Coronary Angiogram (+C)
 Coronary Angiogram & Calcium Score (+C)
 Coronary Artery Calcium Score
 Triple Rule Out & Coronary Calcium Score (+C)
 CT Angiogram (1 region / 2 regions) (+C)
 Brain
 Paranasal Sinuses (PNS)
 Nasopharynx
 Urogram
 Hypertension Screening (+C)

- Thorax
 Thorax Low Dose Screening
 Upper Abdomen
 Pelvis
 Thorax and Upper Abdomen
 Upper Abdomen and Pelvis
 Thorax & whole Abdomen
 Others:

MAMMOGRAM

- 3D Mammogram
 Bilateral / One Side (Left / Right)
 2D Mammogram
 Bilateral / One Side (Left / Right)

- Ultrasound Breasts (Additional Scan)
 Implants

OTHERS

Please specify: _____

5th Floor, 33 Des Voeux Road Central, Central, Hong Kong

香港德輔道中33號5樓全層

Tel 電話: 3188 1383 Fax 傳真: 3188 1684

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MRI, ULTRASOUND & X-RAY FORM

安活醫學影像有限公司
MEDICAL IMAGING LIMITED

PATIENT INFORMATION

Patient's Name: _____

Sex / Age: _____ Ref no.: _____

Contact no.: _____

Appointment Date & Time: _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____

Signature: _____

PAYMENT METHOD

- On Account
 Cash
 Medical Card

REPORT & FILM

- Send to Doctor
 Patient Collect
 Wet Film
 Phone Report

Clinical Information: _____

Please tick more than one if needed

MEDICAL HISTORY & ALLERGY HISTORY

- Renal Impairment
 Cardiac Pacemaker
 Valvular Replacement

- Aneurysm Clips
 Cochlear Implant
 Asthma

- Contrast Allergy
 Drug Allergy _____
 Pregnant LMP _____

MRI

Plain

With Contrast

Contrast Optional

HEAD AND NECK

- Brain
 MRA Brain
 MRA Neck
 MRV Brain
 MR spectroscopy
 Diffusion Tensor Imaging (DTI)
 Pituitary Gland
 Internal Auditory Meatus (IAM)
 Orbits
 Nasopharynx
 Soft Tissue of Neck
 Paranasal Sinuses
 Facial Region
 Temporomandibular Joints (TMJs)

SPINE

- Cervical
 Thoracic
 Lumbar
 Sacrum and Coccyx
 Whole Spine
 Sacroiliac Joints

MUSCULOSKELETAL

- Joint(s) (e.g. knee, shoulder):
_____ (L / R / Both)
 Soft Tissue (Single Region):
_____ (L / R)
 Others:

BODY

- Both Breasts
 Thorax
 Upper Abdomen
 MRCP
 Pelvis
 Prostate

OTHERS

Please specify: _____

MR ANGIOGRAM STUDY (EXTRACRANIAL)

- Bilateral Lower Limbs Angiogram
 Whole Body (excluding brain) Angiogram
 Whole Body (including brain) Angiogram
 Other Region Angiogram: _____

SCREENING PACKAGE

- Breast Cancer Screening
 Stroke Package (Brain, MRA Brain and Neck)
 Whole Body MRI (excluding brain)
 Hypertension Package (Adrenal Glands, Kidneys, Renal MRA)
 Whole Body MRI (including brain)

ULTRASOUND

Region(s): _____

- +FNA
 +BIOPSY
 +Optional FNA / BIOPSY

Others: _____

GENERAL X-RAY

- Wet Film Only

Region(s) and View(s): _____

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