



Hong Kong Advanced Imaging Referral Form

Patient Name: _____
Patient ID: _____ Gender: M / F
Date of Birth: _____ Age: _____
Mobile: _____
Clinical Information: _____

Booking Date: _____ Time: _____
Shop: MK / YL / TST / TK / TW
Payment: On Account Cash Medical Card
Report: Send To Dr's Clinic Collect By Patient
 Wet Film Fasting 需空腹六小時

MRI (MK/YL/TST/TK/TW)		Plain / P+C / Optional	
BODY <input type="checkbox"/> Breasts <input type="checkbox"/> MRCP <input type="checkbox"/> Pelvis <input type="checkbox"/> Prostate <input type="checkbox"/> Thorax <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Whole Abdomen <input type="checkbox"/> Whole Body + Brain CARDIOVASCULAR <input type="checkbox"/> Cardiac (Function + Viability + Adenosine Perfusion) <input type="checkbox"/> Cardiac (Function + Viability) HEAD & NECK <input type="checkbox"/> Brain <input type="checkbox"/> IAM <input type="checkbox"/> MRA Brain <input type="checkbox"/> MRA Neck <input type="checkbox"/> Nasopharynx + Neck <input type="checkbox"/> Neck <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary Sella <input type="checkbox"/> Stroke Screening		MUSCULOSKELETAL <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both <input type="checkbox"/> Arm <input type="checkbox"/> Ankle <input type="checkbox"/> Brachial plexus <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Toe <input type="checkbox"/> Wrist SPINE <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Lumbar Spine + Sacrum <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> Sacroiliac Joints <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Whole Spine OTHERS _____	
CT (MK/TST/TK)	Plain / P+C / Optional	PET-CT (MK)	Plain / P+C / Optional
BODY <input type="checkbox"/> Brain <input type="checkbox"/> Coronary Angiogram + Calcium Score <input type="checkbox"/> Coronary Angiogram + Calcium Score + Low Dose Thorax <input type="checkbox"/> HRCT <input type="checkbox"/> Thorax <input type="checkbox"/> Thorax: Low Dose Screening <input type="checkbox"/> Neck <input type="checkbox"/> PNS <input type="checkbox"/> Urogram <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Whole Abdomen <input type="checkbox"/> Thorax + Upper Abdomen <input type="checkbox"/> Thorax + Upper Abdomen + Pelvis OTHERS _____		<input type="radio"/> FDG <input type="radio"/> PSMA <input type="radio"/> GA68 – Dotatate (special order) <input type="checkbox"/> Brain <input type="checkbox"/> Wholebody Trunk <input type="checkbox"/> Wholebody Trunk + Brain OTHERS _____	
EOS (MK/TK)		USG (MK/YL/TST/TK/TW)	X-RAY (MK/YL/TST/TK)
* AP / Lateral / AP & LAT		<input type="checkbox"/> Breasts <input type="checkbox"/> Joint Doppler <input type="checkbox"/> Kidneys <input type="checkbox"/> Liver <input type="checkbox"/> LGB <input type="checkbox"/> Neck + Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> Pelvis (TA) <input type="checkbox"/> Pelvis (TV) <input type="checkbox"/> Scrotum <input type="checkbox"/> Thyroid <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Whole Abdomen (TA) OTHERS _____ FNA <input type="checkbox"/> Breasts <input type="checkbox"/> Thyroid <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Soft Tissue CORE BIOPSY <input type="checkbox"/> Breasts <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Soft Tissue	
<input type="radio"/> FULL SPINE <input type="radio"/> FULL BODY <input type="checkbox"/> 3D Model <input type="checkbox"/> 3D Model <input type="checkbox"/> Postural Assessment <input type="checkbox"/> 3D Spine + Lower Leg Alignment <input type="radio"/> LOWER LIMBS <input type="checkbox"/> Lower Leg Alignment <input type="checkbox"/> Alignment Report <input type="checkbox"/> Postural Assessment <input type="checkbox"/> 3D Model with Alignment OTHERS _____		<input type="checkbox"/> Ankle <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Chest <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> KUB <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Lumbo-sacral Spine <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Wrist OTHERS _____	
MMG (MK/TST)		DEXA (MK)	
<input type="radio"/> Both Sides <input type="radio"/> Left <input type="radio"/> Right <input type="checkbox"/> Implant <input type="checkbox"/> USG + MMG Package BREAST BIOPSY <input type="checkbox"/> Mammotome + Histology + Marker Insertion		<input type="checkbox"/> Lumbar Spine + Hip <input type="checkbox"/> Whole Body **P.M. ONLY**	
		FIBROSCAN (TST)	
		<input type="checkbox"/> Stiffness <input type="checkbox"/> Stiffness + Fatty liver	

Allergic History of: Contrast Medium Asthma Other Allergens _____ Steroid Premedication Prescribed: Yes No

Diabetes Mellitus on Metformin Renal Impairment Need Creatinine Test before Examination

Cardiac Pacemaker or Other Metallic Implants Hypertension on Medication

Latest Serum Creatinine / eGFR level (within 3 Months): _____ μmol / L / _____ ml / min / 1.73m², date: _____

Clinic Chop: _____

Signature of Doctor: _____

Patient Information 病人需知

1. Please inform our staff if you are currently breast feeding, diabetic, allergic to anything or might be pregnant.
2. Please inform our staff if you have any metallic implant or instrument inside/on your body.
3. Please continue any medication as normal unless instructed by your physician.
4. The examination time varies from 30 minutes to 2 hours. You are required to keep still during the examination.
5. Remember to bring your latest scans and reports.
6. Remember to bring this referral form upon check in in HKAI on the examination day.
7. If you cannot make it to the scheduled examination, please call 2156 5818 (MK shop) / 2152 8583 (YL shop) / 2152 8528 (TSTshop) / 2152 8538 (TK shop) at least 2 hours prior to the scheduled examination time.

1. 如果已經或可能懷孕、或是正以母乳哺育孩子、患有糖尿病、對任何食物、藥物有敏感反應，請務必在檢查前通知本中心職員。
2. 如身上/體內有金屬物件或儀器，請務必在檢查前通知本中心職員。
3. 病人於檢查前可照常服用醫生處方的藥物。
4. 一般檢查需時三十分鐘至兩小時不等，病人在檢查過程中需要盡量固定身體。
5. 請帶回所有最近期的掃描影像及報告。
6. 請於檢查當日帶回此轉介信正本並交予中心職員。
7. 如您不能按原定計劃接受檢查，請務必在原定時間兩小時之前致電 2156 5818 (旺角總店) / 2152 8583 (元朗分店) / 2152 8528 (尖沙咀分店) / 2152 8538 (太古分店) 通知本中心職員。

Centre Direction Instruction 路線指示



旺角總店 (醫思專匯 EC Specialists Premium PHF No. : DP000104)

旺角亞皆老街8號朗豪坊辦公大樓12樓 (旺角地鐵站E1出口)
L12, Langham Place Office Tower, 8 Argyle Street,
Mong Kok (Mongkok MTR Exit E1)
電話Tel : 852.2156 5818 傳真Fax : 852.3579 1050
星期一至五Mon-Fri : 8:00am – 7:00pm
星期六Sat : 8:00am – 5:00pm
星期日及公眾假期Sunday & Public Holidays : 休息 Closed



元朗分店

元朗安寧路38號世宙2座11-12號舖 (朗屏西鐵站E出口)
Shop No.11-12, Block 2, Yuccie Square, 38 On Ning Road,
Yuen Long (Long Ping Station Exit E)
電話Tel : 852.2152 8583 傳真Fax : 852.2443 0732
星期一至五Mon-Fri : 9:00am – 7:00pm
星期六Sat : 9:00am – 5:00pm
星期日及公眾假期Sunday & Public Holidays : 休息 Closed



太古分店

香港英皇道1111號太古城中心一期6樓602室 (太古地鐵站E1出口)
Room 602, 6/F, Cityplaza Phase 1, 1111 King's Road,
Taikoo Shing (Tai Koo MTR Exit E1)
電話Tel : 852.2152 8538 傳真Fax : 852.3954 5517
星期一至五Mon-Fri : 9:00am – 6:00pm
星期六Sat : 9:00am – 5:00pm
星期日及公眾假期Sunday & Public Holidays : 休息 Closed



尖沙咀分店

尖沙咀漢口道28號亞太中心2樓210-213室 (尖沙咀地鐵站A1出口)
Room 210-213, Hong Kong Pacific Centre, 28 Hankow Road,
Tsim Sha Tsui (Tsim Sha Tsui MTR Exit A1)
電話Tel : 852.2152 8528 傳真Fax : 852.3753 5877
星期一至五Mon-Fri : 9:00am – 7:00pm
星期六Sat : 9:00am – 5:00pm
星期日及公眾假期Sunday & Public Holidays : 休息 Closed



荃灣分店 (安美醫學診斷中心) AmMed Medical Diagnostic Center 安美醫學診斷中心

荃灣青山公路388號中染大廈11樓1105室 (荃灣地鐵站A3出口)
Unit 1105, 11/F, CDW Building, 388 Castle Peak Road,
Tsuen Wan (Tsuen Wan MTR Exit A3)
電話Tel : 852.3168 8098 傳真Fax : 852.3168 8600
星期一至五Mon-Fri : 9:00am – 6:00pm
星期六Sat : 9:00am – 1:00pm
星期日及公眾假期Sunday & Public Holidays : 休息 Closed

