

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 / MK (Argyle Centre) / TST / CWB / TK / YL / 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/CWB/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/CWB/TK)	Plain / P+C / Optional	PET-CT (MK/CWB)	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/CWB/TK/TW)	X-RAY (MK/YL/TST/TK)
* <input type="radio"/> FULL SPINE <input type="checkbox"/> 3D Model <input type="checkbox"/> Postural Assessment * <input type="radio"/> LOWER LIMBS <input type="checkbox"/> Alignment Report <input type="checkbox"/> 3D Model with Alignment OTHERS _____		<input type="radio"/> FULL BODY <input type="checkbox"/> 3D Model <input type="checkbox"/> 3D Spine + Lower Leg Alignment <input type="checkbox"/> Lower Leg Alignment <input type="checkbox"/> Postural Assessment 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"/> 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 _____ **P.M. ONLY** <input type="checkbox"/> Lumbar Spine + Hip <input type="checkbox"/> Whole Body	
		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 8580 (Argyle Centre) / 2152 8528 (TSTshop) / 2152 8535 (CWB shop) / 2152 8538 (TK shop) / 2152 8583 (YL shop) / 3168 8098 (TW 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 8580 (旺角中心分店) / 2152 8528 (尖沙咀分店) / 2152 8535 (銅鑼灣旗艦店) / 2152 8538 (太古分店) / 2152 8583 (元朗分店) / 3168 8098 (荃灣分店) 通知本中心職員。

Centre Direction Instruction 路線指示



旺角朗豪坊總店 (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



旺角中心分店

旺角彌敦道 688 號旺角中心一期 4 樓 (旺角地鐵站D2出口)

4/F, Argyle Centre Phase 1, 688 Nathan Road, Mong Kok, Kowloon (Mongkok MTR Exit D2)

電話Tel : 852.2152 8580 傳真Fax : 852.3702 1776

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



尖沙咀分店

尖沙咀漢口道 28 號亞太中心 2 樓 209-213 室 (尖沙咀地鐵站A1出口)

Room 209-213, 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



銅鑼灣 Tower 535 旗艦店

銅鑼灣謝斐道 535 號 TOWER 535 8 樓 (銅鑼灣地鐵站D1出口)

8/F Tower 535, 535 Jaffe Road, Causeway Bay, Hong Kong (Causeway Bay Station MTR Exit D1)

電話Tel : 852.2152 8535 傳真Fax : 852.3705 1518

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

太古城英皇道 1111 號 太古城中心一期 6 樓 602 室 (太古港地鐵站E1出口)

Room 602, 1111 King's Road, Cityplaza 1, Hong Kong (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 – 6:30pm

星期六Sat : 9:00am – 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 (朗屏西地鐵站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



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

新界荃灣青山公路 388 號中染大廈 11 樓 1105 室 (荃灣港鐵站A3出口)

Unit 1105, 11/F, CDW Building, 388 Castle Peak Road, Tsuen Wan, N.T. (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

