

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 (朗豪坊) / MK (旺角中心) /
TST / CWB / TK / CTL / YL /
TW (11/F) / TW (12/F)
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/CTL/TW) | Plain / P+C / Optional |
| BODY <input type="checkbox"/> Breasts <input type="checkbox"/> Breasts (with implants) <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/CTL) | 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 _____ | PET-CT (MK朗豪坊/CWB/TW12/F) Plain / P+C / Optional <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朗豪坊/TK/CTL) | * AP / Lateral / AP & LAT |
| <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 _____ | USG (MK/YL/TST/CWB/TK/CTL/TW) X-RAY (MK/YL/TST/TK/CTL) <input type="checkbox"/> Breasts <input type="checkbox"/> Joint Doppler <input type="checkbox"/> Ankle <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Kidneys <input type="checkbox"/> Liver <input type="checkbox"/> LGB <input type="checkbox"/> Chest <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Neck + Thyroid <input type="checkbox"/> Neck <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Pelvis (TA) <input type="checkbox"/> Pelvis (TV) <input type="checkbox"/> KUB <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Scrotum <input type="checkbox"/> Thyroid <input type="checkbox"/> Lumbo-sacral Spine <input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> Whole Abdomen (TA) <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Wrist OTHERS _____ 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 |
| MMG (MK/TST/CTL) | 2D / 3D |
| <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 | DEXA (MK朗豪坊) **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



磁力共振掃描
MRI



電腦掃描
CT



乳房造影檢查
Mammogram



超聲波檢查
Ultrasound



EOS低輻射劑量X光檢查
EOS X-RAY



正電子電腦掃描
PET

1. Please bring along a valid referral letter and the original Hong Kong identity card (guests from Mainland China should present their permit or passport) for registration. No photocopies or photographs will be accepted.
2. Please bring back all recent scanned images and reports.
3. Please bring along the original referral letter to the centre staff on the day of the examination.
4. If you are not available to attend the scheduled check-up, please make sure to call the centre staff 2 hours before the scheduled time.

1. 請帶備有效轉介信及正本香港身份證(內地客人另須出示通行証或護照)登記, 不接受任何影印副本或相片。
2. 請帶回所有最近期的掃描影像及報告。
3. 請於檢查當日帶回此轉介信正本並交予中心職員。
4. 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通知中心職員。

Centre Direction Instruction 路線指示



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 (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



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 (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



中環分店

中環干諾道中 19-20 號馮氏大廈地下及地庫 (中環站A1出口)
B/F & G/F Fung House, 19-20 Connaught Road Central,
Central (Central MTR Exit A1)
電話Tel : 852.2152 8500 傳真Fax : 852.3565 6797
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



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

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 (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



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



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



太古分店

鯉魚涌英皇道 1111 號太古城中心一期 6 樓 602 室 (太古地鐵站E1出口)
602, 6/F, 1111 King's Road, Taikoo Shing,
Quarry Bay (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 (朗屏西鐵站E出口)
Shop No.11, 12, Block 2, Yuccie Square, 38 On Ning Road,
Yuen Long (Long Ping MTR Exit E)
電話Tel : 852.2152 8583 傳真Fax : 852.2443 0732
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



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

荃灣青山公路 388 號中染大廈 12 樓 1202-3 室 (荃灣港鐵站A3出口)
Unit 1202-3, 12/F, CDW Building, 388 Castle Peak Road,
Tsuen Wan (Tsuen Wan MTR Exit A3)
電話Tel : 852.2151 9128 傳真Fax : 852.2566 3112
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

