

ACUSCAN Advanced Imaging Referral Form

Patient Name: _____

Booking Date: _____ Time: _____

Patient ID: _____ Gender: M / F

Shop: MK (朗豪坊) / MK (旺角中心) /

Date of Birth: _____ Age: _____

CWB / CTL /

YL / TW (11/F) / TW (12/F)

Mobile: _____

 Payment: On Account Cash Medical Card: _____

Clinical Information:

 Report: Send To Dr's Clinic Collect By Patient

 Wet Film Fasting 需空腹六小時

MRI

Plain / P+C / Optional

BODY

-
- Breasts
-
- Breasts (with implants)
-
- MRCP
-
- Pelvis
-
- Prostate
-
-
- Thorax
-
- Upper Abdomen
-
- Whole Abdomen
-
- Whole Body + Brain

CARDIOVASCULAR

-
- Cardiac (Function + Viability + Adenosine Perfusion)
-
-
- Cardiac (Function + Viability)

HEAD & NECK

-
- Brain
-
- IAM
-
- MRA Brain
-
- MRA Neck
-
- Nasopharynx + Neck
-
-
- Neck
-
- Orbits
-
- Pituitary Sella
-
- Stroke Screening

MUSCULOSKELETAL Right Left Both

-
- Arm
-
- Ankle
-
- Brachial plexus
-
- Elbow
-
- Forearm
-
-
- Foot
-
- Hand
-
- Hip
-
- Knee
-
- Leg
-
- Shoulder
-
-
- Thigh
-
- Toe
-
- Wrist

SPINE

-
- Cervical Spine
-
- Lumbar Spine
-
- Lumbar Spine + Sacrum
-
-
- Sacrum & Coccyx
-
- Sacroiliac Joints
-
- Thoracic Spine
-
-
- Whole Spine

OTHERS _____

CT

Plain / P+C / Optional

BODY

-
- Brain
-
- Coronary Angiogram + Calcium Score
-
-
- Coronary Angiogram + Calcium Score + Low Dose Thorax
-
-
- HRCT
-
- Thorax
-
- Thorax: Low Dose Screening
-
- Neck
-
- PNS
-
-
- Urogram
-
- Upper Abdomen
-
- Whole Abdomen
-
-
- Thorax + Upper Abdomen
-
- Thorax + Upper Abdomen + Pelvis

OTHERS _____

PET-CT

Plain / P+C / Optional

-
- FDG
-
- PSMA
-
- GA68 - Dotatate (special order)

-
- Brain
-
- Wholebody Trunk
-
- Wholebody Trunk + Brain

OTHERS _____

USG

-
- Breasts
-
- Joint Doppler
-
-
- Kidneys
-
- Liver
-
- LGB
-
-
- Neck + Thyroid
-
- Neck
-
-
- Pelvis (TA)
-
- Pelvis (TV)
-
-
- Scrotum
-
- Thyroid
-
-
- Upper Abdomen
-
-
- Whole Abdomen (TA)

OTHERS _____

X-RAY

-
- Ankle
-
- Cervical Spine
-
-
- Chest
-
- Finger
-
- Foot
-
-
- Hand
-
- Hip
-
- Knee
-
-
- KUB
-
- Lumbar Spine
-
-
- Lumbo-sacral Spine
-
-
- Pelvis
-
- Shoulder
-
-
- Thoracic Spine
-
- Wrist

OTHERS _____

EOS

* AP / Lateral / AP & LAT

 FULL SPINE

-
- 3D Model
-
-
- Postural Assessment

 FULL BODY

-
- 3D Model
-
-
- 3D Spine + Lower Leg Alignment

 LOWER LIMBS

-
- Alignment Report
-
-
- 3D Model with Alignment

-
- Lower Leg Alignment

-
- Postural Assessment

OTHERS _____

MMG

2D / 3D

-
- Both Sides
-
- Left
-
- Right

-
- Implant
-
- USG + MMG Package

BREAST BIOPSY

-
- Mammotome + Histology + Marker Insertion

FNA

-
- Breasts
-
- Thyroid
-
-
- Lymph Nodes
-
- Soft Tissue

CORE BIOPSY

-
- Breasts
-
-
- Lymph Nodes
-
- Soft Tissue

DEXA

****Wed - Fri, A.M. ONLY****

-
- Lumbar Spine + Hip
-
-
- Whole Body

 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): _____ $\mu\text{mol} / \text{L}$ / _____ $\text{ml} / \text{min} / 1.73\text{m}^2$, 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低幅射劑量X光檢查
EOS X-RAY



正電子電腦掃描
PET

1. Patients under the age of 18 must be accompanied by parent or legal guardian, and consent form should be signed by parent or legal guardian. People aged under 15 are only allowed to receive examination with no contrast agent involved. For people aged under 10, please call our hotline for enquiry.
2. 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.
3. Please bring back all recent scanned images and reports.
4. Please bring along the original referral letter to the centre staff on the day of the examination.
5. 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. 18歲以下病人必須由家長或法定監護人陪同進行檢查，同意書亦必須由家長或法定監護人簽署。15歲以下病人只接受沒有顯影劑的檢查項目。10歲以下病人請致電查詢。
2. 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。
3. 請帶回所有最近期的掃描影像及報告。
4. 請於檢查當日帶回此轉介信正本並交予中心職員。
5. 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



ACUSCAN Advanced Imaging 康益醫學影像

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 : 852.3571 9762 電郵Email : tbc@tbc.com 網址Website : tbc@tbc.com

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

QR
Code