

PET - CT REQUEST FORM

Name (Eng & Chi) _____ Sex/ Age : _____ DOB _____ HKID / Passport No. : _____ Tel : _____ / _____ Weight _____ kg Appointment _____	Referring doctor (Ref. code: _____) _____ Signature			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Clinical Information / Diagnosis : _____ </td> <td style="width: 25%; vertical-align: top;"> Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> On Account <input type="checkbox"/> Others _____ </td> <td style="width: 25%; vertical-align: top;"> Report & Film <input type="checkbox"/> Send to Doctor <input type="checkbox"/> Patient Collect <input type="checkbox"/> Others _____ </td> </tr> </table>		Clinical Information / Diagnosis : _____	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> On Account <input type="checkbox"/> Others _____	Report & Film <input type="checkbox"/> Send to Doctor <input type="checkbox"/> Patient Collect <input type="checkbox"/> Others _____
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Medical History <input type="checkbox"/> Previous operation/ chemo/ RT : _____ <input type="checkbox"/> Diabetes mellitus : BGL _____ mmol/L <input type="checkbox"/> On Metformin <input type="checkbox"/> On Insulin <input type="checkbox"/> Drug allergy : _____ <input type="checkbox"/> L.M.P. : menopause / on _____ <i>For Contrast Examination</i> <input type="checkbox"/> Previous contrast allergy _____ <input type="checkbox"/> Steroid premedication prescribed <input type="checkbox"/> Latest creatinine level: normal / _____ μmol/L (within 3 months)				
Examination Request <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Plain <input type="checkbox"/> Brain </div> <div> <input type="checkbox"/> Plain + Contrast <input type="checkbox"/> Lower Limbs </div> <div> <input type="checkbox"/> Optional Contrast </div> </div> F18 FDG <input type="checkbox"/> Wholebody Trunk Special Tracers <input type="checkbox"/> F18/Ga68 PSMA Wholebody Trunk <input type="checkbox"/> C11 Acetate Wholebody Trunk Dual Tracers <input type="checkbox"/> C11 Acetate + F18 FDG Wholebody Trunk <input type="checkbox"/> F18/Ga68 PSMA + F18 FDG Wholebody Trunk Others _____				

檢查須知

1. 檢查前六小時開始禁食(包括糖果及口香糖)，期間可飲用清水。
2. 檢查前一天及當日不要進行任何運動或提取重物。
3. 在掃描前十日內不可以接受任何鋇餐造影檢查。
4. 閣下如有需要口服藥物，只可用清水服用。
5. 糖尿病患者在禁食期間請勿服用糖尿藥物或注射胰島素藥物。請帶備這些藥物到本中心。
6. 請攜同病歷及如有其他檢查報告(包括報告內之CD)，請帶同到本中心。
7. 此檢查程序由準備至完成可能需要二至三小時。
8. 若閣下患有幽閉恐懼症或正在授乳期間，請儘快通知本中心職員。
9. 懷孕婦女不可進行此項檢查。
10. 檢查所用的藥物帶有微量檢驗用途之輻射，雖然完成檢查後十二小時內，體內仍會帶有極微量之輻射。但一般來說不會對周邊人士或環境構成不良影響，但仍建議避免和孕婦、小孩或嬰幼兒近距離（少於1米）接觸超過十五分鐘。
11. 由於身體內之輻射，主要經大小便排出，所以閣下如廁後請沖水兩次及徹底用皂液清洗雙手。

Prepare for Examinations

1. Fasting for at least 6 hours (including sweets and chewing gum). Water is allowed.
2. No exercise or carry heavy items on and prior to the day of examination.
3. No Barium studies in last 10 days before appointment.
4. Medications should be taken with water only.
5. Diabetes patients should omit the diabetic medication or insulin injection during fasting period and should bring along these medication to our centre.
6. Please bring with medical records and investigation films/ reports.
7. The whole procedure will take about two to three hours.
8. Please inform us if you are claustrophobia or breast-feeding.
9. Examination will not proceed if you are pregnant
10. After the scan, minute amount of radiation still exists inside patient's body. The effect to surrounding people and environment is very low. Nevertheless, it is advisable to limit close contact (<1 meter) with pregnant women, children and infant to no more than 15 minutes.
11. The radiotracer usually passes out patient's body through excreta, stool, and urine in particular. Please flush toilet twice after use and wash hands with soap thoroughly.



Google Map QR Code



Unit 306 -310, 3/F, 238 Nathan Road, Kowloon, Hong Kong
香港九龍彌敦道 238 號 306 - 310 室

服務時間

星期一至五：早上 9:00 - 下午 1:00 & 下午 2:00 - 下午 6:00
星期六：早上 9:00 - 下午 1:00
星期日及公眾假期：休息

Service Hours

Mon-Fri：9:00am - 1:00pm & 2:00pm - 6:00pm
Sat：9:00am - 1:00pm
Sun & Public Holiday：Closed