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 Tel 電話 : (852) 2866 9633 Fax 傳真 : (852) 2866 9326
 WhatsApp : 6166 9997
 互聯網 : www.ahkmdc.com

Office Hours : Monday to Friday 9am to 6pm
 Saturday 9am to 1pm
 Sunday & Public Holiday Closed
 服務時間 : 星期一至星期五 上午九時至下午六時
 星期六 上午九時至下午一時
 星期日及公眾假期 休息

Client Name 姓名(中文) (English)		Reference Code	
HKID No. 身份證號碼 / Passport No. 護照號碼		Date of Birth 出生日期	Appointment Date 檢查日期 (D) (M) (Y) Appointment Time 檢查時間 am/pm
Gender 性別 M / F	Age 年齡	Client's Tel No. 聯絡電話	
Clinical Information / Diagnosis:		Referring Physician:	
		Tel:	Fax:
		Clinic Address and Dr. Signature / Company Chop	
Medical History (Please ✓ appropriate items and details, if any) <input type="checkbox"/> L.M.P. _____ <input type="checkbox"/> Diabetes Mellitus: YES / NO <input type="checkbox"/> Previous operation/ chemotherapy/ radiotherapy _____ <input type="checkbox"/> On Metformin <input type="checkbox"/> On β-Blocker For Contrast Examination: <input type="checkbox"/> Asthma <input type="checkbox"/> Seafood / Drug Allergy <input type="checkbox"/> Rash <input type="checkbox"/> Others: _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Creatinine within 3 months <input type="checkbox"/> Normal / Level _____</div>		PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> On Account <input type="checkbox"/> Others: DELIVERY OF FILM & REPORT <input type="checkbox"/> Pick Up By Client <input type="checkbox"/> Send Out <input type="checkbox"/> Phone: <input type="checkbox"/> Fax:	
PET-CT			
<input type="checkbox"/> Wholebody Trunk (Plain) <input type="checkbox"/> Wholebody Trunk (Plain + Contrast) <input type="checkbox"/> Wholebody Trunk + Brain (Plain) <input type="checkbox"/> Wholebody Trunk + Brain (Plain + Contrast) <input type="checkbox"/> Brain <input type="checkbox"/> Cardiac Viability		<input type="checkbox"/> Ga-68/F18 PSMA Wholebody (Plain) <input type="checkbox"/> Ga-68/F18 PSMA Wholebody (Plain + Contrast) <input type="checkbox"/> Dual Tracer C11-Acetate + F18 FDG (Plain + Contrast) <input type="checkbox"/> Dual Tracer C11-Acetate + PSMA (Plain + Contrast) <input type="checkbox"/> FDG + PSMA (Plain + Contrast) <input type="checkbox"/> Others: _____	
Ultrasound			
<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Liver & Gallbladder & Bile Duct (LGB) <input type="checkbox"/> Prostate Gland (TA)		<input type="checkbox"/> Abdomen & Pelvis (TA) <input type="checkbox"/> Pelvis (TA) <input type="checkbox"/> Prostate Gland (PR) <input type="checkbox"/> Thyroid <input type="checkbox"/> Pelvis (TV) <input type="checkbox"/> Neck <input type="checkbox"/> Breast <input type="checkbox"/> Kidneys <input type="checkbox"/> Others: _____	
Bone Densitometry (DEXA)		Fibroscan	
<input type="checkbox"/> Hip + Spine <input type="checkbox"/> Wholebody <input type="checkbox"/> Others: _____		<input type="checkbox"/> Fibroscan	
SPECT-CT			
Cardiology <input type="checkbox"/> Myocardial Perfusion Scan <input type="checkbox"/> Radionuclide Ventriculography (MUGA ± 1 st Pass) <input type="checkbox"/> PYP Infarct Study Hepatobiliary & Gastrointestinal System <input type="checkbox"/> GI Bleed RBC Scan <input type="checkbox"/> Meckel's Scan <input type="checkbox"/> Protein Losing Enteropathy		Urinary & Reproductive System <input type="checkbox"/> Renal Scan (DTPA / MAG3) <input type="checkbox"/> Renal Scan (Indirect Voiding) <input type="checkbox"/> Renal Scan (Captopril) <input type="checkbox"/> DMSA Renal Cortical Scan Respiratory System <input type="checkbox"/> Quantitative Perfusion Study <input type="checkbox"/> R to L Shunt Quantitation	
		Lymphatic System <input type="checkbox"/> Sentinel Node Mapping (Breast Cancer / Melanoma) <input type="checkbox"/> Lymphoscintigraphy Endocrine System <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Parathyroid Scan	
		Musculoskeletal System <input type="checkbox"/> Bone Scan Neurology <input type="checkbox"/> Brain SPECT <input type="checkbox"/> Brain (Diamox) Study <input type="checkbox"/> Others : _____	
OFFICIAL USE			
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> EPS <input type="checkbox"/> Visa / Master <input type="checkbox"/> UnionPay <input type="checkbox"/> AliPay Lab. No. _____		Remarks: _____	

Patient Information 病人需知

General Information

1. Please inform our staff if you have a possibility of pregnancy, if you are currently breast-feeding, diabetic or allergic to anything.
2. Please inform our staff if you have metallic implant or instrument inside/on your body.
3. Please continued 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. If you cannot make it to the scheduled examination. Please call 2866 9633 at least 1 day prior to the scheduled examination time.
7. For more detail, please ask our staff when calling for appointment.

一般需知

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. 如您不能按原定計劃接受檢查，請務必在原定日期一天前致電 2866 9633 聯絡本中心職員。
7. 有關其他檢查項目的事前準備，預約時本中心職員會向閣下詳細講解。

PET-CT Preparation Before Examination

1. Start fasting (including sweets and chewing gum) six hours before the test, only water is allowed.
2. No exercise or lifting any heavy objects one day before the exam day.
3. Ten days before the scan, patients cannot accept any barium meal angiography.
4. Please drink water only for any medication.
5. For diabetic patients, do not take diabetes drugs or insulin injections during fasting. Please bring along the drugs to the centre.

正電子掃描 (PET-CT) 檢查前注意事項

1. 檢查前六小時開始禁食(包括糖果及香口膠)，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待檢查完畢後服用。

Ultrasound / Fibroscan Preparation Before Examination

1. Fasting for at least 4 hours prior to the examination.

超聲波檢查 / 肝纖維化掃描 檢查前注意事項

1. 檢查前四小時開始停止進食，可以飲用小量開水。

DEXA Preparation Before Examination

1. Normal diet but please stop taking calcium supplements one day before the exam.
2. Do not receive X-ray contrast injections two days before the exam.
3. Do not perform nuclear scan or barium meal radiographs one week before.

骨質密度檢查前注意事項

1. 可正常飲食，但檢查前一天請停服補鈣劑。
2. 檢查前兩天，請勿接受注射造影劑之 X 光掃描。
3. 檢查前一星期請勿進行核掃描或鋇餐之 X 光造影。

Centre Direction Instruction 路線指示

Asia HK Medical Diagnostic Centre is located at Jordan, Kowloon. Your can easily reach to our centre by MTR.
 香港專業醫療診斷中心位於九龍佐敦，您可以乘搭港鐵到達本中心。



1. 佐敦港鐵站 E 出口



2. 乘扶手電梯步出恆豐中心商場



3. 步出商場後往右直行 1 分鐘



4. 抵達 238 中心



5. 乘搭電梯往 18 樓



6. 抵達本中心