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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										
Referring Physician:		Referring Physician:										
Clinical Information / Diagnosis:		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: _____		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 (Contrast) <input type="checkbox"/> Wholebody Trunk + Brain (Plain) <input type="checkbox"/> Wholebody Trunk + Brain (Contrast) <input type="checkbox"/> Brain <input type="checkbox"/> Cardiac Viability <input type="checkbox"/> Others: _____												
SPECT-CT <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> Cardiology <input type="checkbox"/> Myocardial Perfusion Scan <input type="checkbox"/> Radionuclide Ventriculography (MUGA ± 1st Pass) <input type="checkbox"/> PYP Infarct Study </td> <td style="width:33%; border:none;"> 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 </td> <td style="width:33%; border:none;"> Lymphatic System <input type="checkbox"/> Sentinel Node Mapping (Breast Cancer / Melanoma) <input type="checkbox"/> Lymphoscintigraphy </td> </tr> <tr> <td style="border:none;"> Musculoskeletal System <input type="checkbox"/> Bone Scan </td> <td style="border:none;"> Hepatobiliary & Gastrointestinal System <input type="checkbox"/> GI Bleed RBC Scan <input type="checkbox"/> Meckel's Scan <input type="checkbox"/> Protein Losing Enteropathy </td> <td style="border:none;"> Respiratory System <input type="checkbox"/> Quantitative Perfusion Study <input type="checkbox"/> R to L Shunt Quantitation </td> </tr> <tr> <td style="border:none;"> Endocrine System <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Parathyroid Scan </td> <td style="border:none;"> Neurology <input type="checkbox"/> Brain SPECT <input type="checkbox"/> Brain (Diamox) Study </td> <td style="border:none;"> <input type="checkbox"/> Others : _____ </td> </tr> </table>				Cardiology <input type="checkbox"/> Myocardial Perfusion Scan <input type="checkbox"/> Radionuclide Ventriculography (MUGA ± 1 st Pass) <input type="checkbox"/> PYP Infarct Study	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	Lymphatic System <input type="checkbox"/> Sentinel Node Mapping (Breast Cancer / Melanoma) <input type="checkbox"/> Lymphoscintigraphy	Musculoskeletal System <input type="checkbox"/> Bone Scan	Hepatobiliary & Gastrointestinal System <input type="checkbox"/> GI Bleed RBC Scan <input type="checkbox"/> Meckel's Scan <input type="checkbox"/> Protein Losing Enteropathy	Respiratory System <input type="checkbox"/> Quantitative Perfusion Study <input type="checkbox"/> R to L Shunt Quantitation	Endocrine System <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Parathyroid Scan	Neurology <input type="checkbox"/> Brain SPECT <input type="checkbox"/> Brain (Diamox) Study	<input type="checkbox"/> Others : _____
Cardiology <input type="checkbox"/> Myocardial Perfusion Scan <input type="checkbox"/> Radionuclide Ventriculography (MUGA ± 1 st Pass) <input type="checkbox"/> PYP Infarct Study	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	Lymphatic System <input type="checkbox"/> Sentinel Node Mapping (Breast Cancer / Melanoma) <input type="checkbox"/> Lymphoscintigraphy										
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Bone Densitometry (DEXA) <input type="checkbox"/> Hip + Spine <input type="checkbox"/> Wholebody <input type="checkbox"/> Others: _____												
Isotope Therapy <input type="checkbox"/> Radioiodine Therapy for Hyperthyroidism Treatment <input type="checkbox"/> Lutetium-177 PSMA Treatment <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: _____												