



香港綜合影像及內視鏡診斷中心
HONG KONG INTEGRATED
Imaging & Endoscopy Diagnostic Centre

3rd Floor, Citibank Tower, 3 Garden Road, Central, Hong Kong
 香港中環花園道3號花旗銀行大廈3樓全層
 Tel 電話: 37006800, 37006801, 37006802 Fax 傳真: 31089130
 Website 網址: www.hkiedc.com.hk

Office Hours: Monday to Friday 9am to 6pm
 Saturday 9am to 1pm
 辦公時間: 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

Appointment Date and Time: _____

Client Information Name: _____ HKID no./Passport no.: _____ Sex/Age: _____ Contact no.: _____ LMP: _____ (if applicable)	Film and report: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Wet Film
Referring Doctor Name: _____ Tel no.: _____ Fax no.: _____	Payment Method <input type="checkbox"/> On Account <input type="checkbox"/> Cash <input type="checkbox"/> Medical Card

Clinical Information

For contrast / PET study, please fill in Allergy history: <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____ Asthma: <input type="checkbox"/> No <input type="checkbox"/> Yes Diabetic: <input type="checkbox"/> No <input type="checkbox"/> Yes, on Metformin <input type="checkbox"/> Insulin Renal Impairment: <input type="checkbox"/> No <input type="checkbox"/> Yes, creatinine _____ μmol/L. Date taken _____	For MRI study, Metallic implant or pacemaker: <input type="checkbox"/> No <input type="checkbox"/> Yes Claustrophobia: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Examination Requested:

Interventional Radiology _____ MAC FNAC Biopsy

X-Ray _____

Ultrasound _____ FNAC Biopsy Drainage

PET/CT scan _____ Plain Plain + Contrast Contrast Optional

Trimodality PET/CT-MRI scan _____ Plain Plain + Contrast Contrast Optional

CT scan _____ Plain Plain + Contrast Contrast Optional

MRI scan _____ Plain Plain + Contrast Contrast Optional

Left / Right / Bilateral Mammography Left / Right / Bilateral Mammography + Ultrasound
 Tomosynthesis guided Biopsy DEXA (Spine and Hip) DEXA (Whole Body)

****敬請預約及帶同舊片以作比較 Please Book Appointment in Advance and Bring Previous Films for Comparison****



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	<input type="checkbox"/> Medical Card

Biochemistry	Haematology	Hepatitis Marker	Tumor Marker
<input type="checkbox"/> Glucose <input type="checkbox"/> R.F.T. <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Bicarbonate <input type="checkbox"/> Uric Acid <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Corrected Calcium <input type="checkbox"/> L.F.T. <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin/Globulin <input type="checkbox"/> Bilirubin-Total <input type="checkbox"/> Bilirubin-Direct <input type="checkbox"/> Alk. Phosphatase <input type="checkbox"/> GGT <input type="checkbox"/> ALT/SGPT <input type="checkbox"/> AST/SGOT <input type="checkbox"/> LDH <input type="checkbox"/> CK <input type="checkbox"/> CK-MB <input type="checkbox"/> Amylase <input type="checkbox"/> Direct Coronary Group <input type="checkbox"/> Cholesterol-Total <input type="checkbox"/> HDL-Cholesterol <input type="checkbox"/> LDL-Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> Iron <input type="checkbox"/> TIBC <input type="checkbox"/> Ferritin <input type="checkbox"/> Beta-2-microglobulin <input type="checkbox"/> Protein Pattern	<input type="checkbox"/> CBP <input type="checkbox"/> Hb & HCT <input type="checkbox"/> ESR <input type="checkbox"/> Blood Group & Rh <input type="checkbox"/> Hb-pattern <input type="checkbox"/> Insulin <input type="checkbox"/> HbA1c <input type="checkbox"/> Prothrombin Time (PT) <input type="checkbox"/> INR <input type="checkbox"/> APTT <hr/> Allergy Test <input type="checkbox"/> Full Allergy Profile <input type="checkbox"/> Full Food Allergy Profile <input type="checkbox"/> Full Environmental Profile <hr/> Serology <input type="checkbox"/> TP Antibody <input type="checkbox"/> VDRL <input type="checkbox"/> FTA-Ab Test <input type="checkbox"/> HIV Ag/Ab Combo <input type="checkbox"/> ANF <input type="checkbox"/> Anti-ds DNA <input type="checkbox"/> Anti-ENA <input type="checkbox"/> C3-Complement <input type="checkbox"/> C4-Complement <input type="checkbox"/> Ig Profile <input type="checkbox"/> IgA <input type="checkbox"/> IgG <input type="checkbox"/> IgM <input type="checkbox"/> IgE <input type="checkbox"/> IgD <input type="checkbox"/> Anti-CCP-IgG <input type="checkbox"/> R.A. Factor, Quantitative <input type="checkbox"/> CRP, Quantitative <input type="checkbox"/> hs-CRP <input type="checkbox"/> EBV - (EBNA-1) Ab IgA	<input type="checkbox"/> HbsAg (qualitative)screening <input type="checkbox"/> HbsAg (quantitative) <input type="checkbox"/> HbsAb <input type="checkbox"/> HbeAg <input type="checkbox"/> Anti-Hbe <input type="checkbox"/> Anti-Hbc <input type="checkbox"/> Anti-Hbc-IgM <input type="checkbox"/> Anti-HCV <input type="checkbox"/> HAV-Ab-IgG <input type="checkbox"/> HAV-Ab-IgM <input type="checkbox"/> Anti-HDV <input type="checkbox"/> HEV-IgM <hr/> Endocrinology <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Prolactin <input type="checkbox"/> Progesterone <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> Estriol - E3 <input type="checkbox"/> Cortisol (AM or PM) <input type="checkbox"/> Cortisol (Fasting) <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> TSH <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> FTI <input type="checkbox"/> Folate (Serum or RBC) <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Vitamin A <input type="checkbox"/> Aldosterone (8-10a.m.)	<input type="checkbox"/> AFP <input type="checkbox"/> CEA <input type="checkbox"/> PSA-total <input type="checkbox"/> PSA-Free <input type="checkbox"/> CA15-3 <input type="checkbox"/> CA125 <input type="checkbox"/> CA19.9 <input type="checkbox"/> CA72.4 <input type="checkbox"/> Cyfra 21.1 <input type="checkbox"/> HE4 <input type="checkbox"/> HE4 & CA125 (ROMA) <input type="checkbox"/> NSE <input type="checkbox"/> Pro GRP <input type="checkbox"/> Beta-HCG <hr/> DNA Test <input type="checkbox"/> HBV- DNA (Quantitative) <input type="checkbox"/> HCV - RNA <input type="checkbox"/> C. trachomatis (CT) DNA <input type="checkbox"/> N. gonorrhoeae (NG) DNA <input type="checkbox"/> EBV-DNA (Quantitative) <hr/> Urine <input type="checkbox"/> Urinalysis/Routine <input type="checkbox"/> Culture & ST <input type="checkbox"/> Protein Pattern <hr/> Stool <input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Occult Blood <input type="checkbox"/> Culture & ST <hr/> Pregnancy Test <input type="checkbox"/> Blood <input type="checkbox"/> Urine
Checkup Package	Histopathology and Cytology	Biopsy	Other Tests :
<input type="checkbox"/> Executive Check (Male) <input type="checkbox"/> Executive Check (Female) <input type="checkbox"/> CEO Check (Male) <input type="checkbox"/> CEO Check (Female)	<input type="checkbox"/> Tissue Biopsy <input type="checkbox"/> Cytology - FNA <input type="checkbox"/> Aspiration Cytology <input type="checkbox"/> Cytology (others) <input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Helicobacter Pylori C & ST	