

St. Teresa's Hospital

Scanning Department

(CT, MR, NM, PET-CT, PET-MR)
B1 Floor, Main Block, 327 Prince Edward Road, Kowloon.
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聖德肋撒醫院

掃描部

香港九龍太子道327號醫院大樓地庫一層
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電郵: booking@sthscan.com



Online Booking
網上預約

Ⓐ TYPE OF **NM SCAN** REQUESTED: (PLEASE ✓ APPROPRIATE ITEMS)

Appointment **Date:** _____
Time: _____

MYOCARDIAL PERFUSION

(EXERCISE ADENOSINE)

STRESS + REST
 STRESS + REST
+ VIABILITY STUDY

MUGA

BONE

GI BLEEDING

MECKEL'S

HEPATOBILIARY (HIDA)

LUNG VQ

THYROID

TECHNETIUM
 IODINE UPTAKE
 IODINE WHOLE BODY

THYROID THERAPY

HYPERTHYROIDISM
(uptake + treatment)

THYROID CANCER ABLATION

PARATHYROID

MIBG

LIVER & SPLEEN (S-Colloid)

PROTEIN LOSING ENTEROPATHY

RENAL

DTPA +/- LASIX
 MAG3 +/- LASIX
 CAPTOPRIL DTPA
 CAPTOPRIL MAG3
 DMSA

DIRECT VOIDING CYSTOGRAM

DTPA + INDIRECT
VOIDING CYSTOGRAM

SENTINEL LYMPH NODE /
(CA BREAST)

OTHERS (please specify) _____

Ⓑ **MEDICAL & PHYSICAL INFORMATION:** (PLEASE ✓ APPROPRIATE ITEMS)

No Yes Asthma ? _____

No Yes COAD ? _____

No Yes Hypertension ? _____

No Yes Patient is pregnant LMP _____ Menopause _____

Others: _____

Body Weight _____ kg

Ⓒ **CLINICAL INFORMATION:** (HISTORY & PHYSICAL SIGNS & SYMPTOMS & LAB. RESULTS)

Official use:

take Hx: _____

'er 1: _____ consent
 checked

'er 2: _____

Own films _____

PROVISIONAL CLINICAL DIAGNOSIS: _____

Ⓓ **REFERRING DOCTOR:** _____ (code: _____) **Signed:** _____

Tel.: _____ Address: _____ Date: _____

Image print _____

Printed old films _____

Please stick label if available or use block letter

Patient's Name: _____

Sex/Age: _____ D.O.B.: _____ HKID: _____

Hosp./Hosp. No.: _____ Ward/Rm. No.: _____

Discharged

Patient's Tel. _____

NM SCAN

核子醫學掃描 Requisition form