

# St. Teresa's Hospital

# 聖德肋撒醫院 掃描部



Online Booking  
網上預約

(CT, MR, NM, PET-CT, PET-MR)

B1 Floor, Main Block, 327 Prince Edward Road, Kowloon.

Tel.: (852) 2715 8660 Fax: (852) 2762 2718

E-mail: booking@sthscan.com

香港九龍太子道327號醫院大樓地庫一層

電話: (852) 2715 8660 傳真: (852) 2762 2718

電郵: booking@sthscan.com

**(A) 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)  
\_\_\_\_\_

**(B) 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.

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

Official use:

take Hx: \_\_\_\_\_

Order 1: \_\_\_\_\_  consent checked

Order 2: \_\_\_\_\_

Own films \_\_\_\_\_

Image print \_\_\_\_\_

Printed old films \_\_\_\_\_

PROVISIONAL CLINICAL DIAGNOSIS:

**REFERRING DOCTOR:** \_\_\_\_\_ (code: \_\_\_\_\_) Signed: \_\_\_\_\_

Tel.: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

Please stick label if available or use block letter

Patient's Name: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ HKID: \_\_\_\_\_

Hosp./Hosp. No.: \_\_\_\_\_ Ward/Rm. No.: \_\_\_\_\_

## NM SCAN

### 核子醫學掃描

### Requisition form