

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

THYROID

- TECHNETIUM
 IODINE UPTAKE
 IODINE WHOLE BODY

RENAL

- DTPA +/- LASIX
 MAG3 +/- LASIX
 CAPTOPRIL DTPA
 CAPTOPRIL MAG3
 DMSA
 DIRECT VOIDING CYSTOGRAM
 DTPA + INDIRECT VOIDING CYSTOGRAM
 SENTINEL LYMPH NODE / (CA BREAST)
 Left Right Both
 OTHERS (please specify)

MUGA

BONE

GI BLEEDING

MECKEL'S

HEPATOBILIARY (HIDA)

LUNG VQ

THYROID THERAPY

- HYPERTHYROIDISM (uptake + treatment)
 THYROID CANCER ABLATION

PARATHYROID

MIBG

LIVER & SPLEEN (S-Colloid)

PROTEIN LOSING ENTEROPATHY

Ⓑ 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.: _____

Patient's Tel.: _____

Contact person: _____ Tel.: _____

Discharged

NM SCAN

核子醫學掃描 Requisition form