

# St. Teresa's Hospital

## Scanning Department

(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

# 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  
電話: (852) 2715 8660 傳真: (852) 2762 2718  
電郵: booking@sthscan.com



Online Booking  
網上預約

Ⓐ TYPE OF **PET-MR SCAN** REQUESTED: (PLEASE ✓ APPROPRIATE ITEMS)

Appointment Date:  
Time:

### Whole Body

- PSMA Whole Body Trunk PET-MR (non-contrast)  
(vertex to upper thigh) with complementary low dose screening CT thorax
- FDG Whole Body Trunk PET-MR (non-contrast)  
(vertex to upper thigh) with complementary low dose screening CT thorax

### Brain

- FDG PET-MR Brain + MRI of Brain
- Parkinson's Disease Package  
(FDG+ FDOPA) PET-MR Brain + MRI of Brain
- FET PET-MR Brain + MRI of Brain

### Amyloid Brain Scan (Neuraceq®)

- Florbetaben (FBB) PET-MR Brain + MRI of Brain  
(Partial FBB scan perform in PET-CT)
- Florbetaben (FBB) PET Brain +  
FDG PET-MR Brain + MRI of Brain  
(FBB scan perform in PET-CT)

- MRI of Brain                       MRI of NP/Neck
- MRI of Breast                       MRI of Liver/Upper Abdomen
- +  MRI of Pelvis                       MRI of Abdomen and Pelvis
- MRI of Prostate (Referring Doctor please prescribe bowel preparation  
e.g. Oral Dulcolax 10mg on the night before examination)
- add comprehensive whole body MRI (non-contrast)

- +  add-on Perfusion
- add-on Spectroscopy
- add-on Brain MRA
- add-on AccuBrain®

Ⓑ Contrast Enhancement for MRI:  NON-CONTRAST     NON-CONTRAST & CONTRAST     TO BE DECIDED BY RADIOLOGIST

Ⓒ MEDICAL & PHYSICAL INFORMATION: (PLEASE ✓ APPROPRIATE ITEMS)

No  Yes **Allergy to Gadolinium (MR Contrast)**  
if yes, please prescribe steroid premedication  
(adult regime: Oral prednisolone 40mg 12 hr. & 2 hr. before contrast MR)

No  Yes **Renal Impairment**  
**Latest Creatinine** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(within 2 weeks)

eGFR \_\_\_\_\_  
IV Contrast \_\_\_\_\_ %  
Dr. \_\_\_\_\_

- No  Yes **Cardiac pacemaker**                       No  Yes **Ocular metallic foreign body**     No  Yes **Middle ear prosthesis**                       No  Yes **Neuro-stimulators**
- No  Yes **Metallic implant** \_\_\_\_\_                       No  Yes **Aneurysm clips** \_\_\_\_\_                       No  Yes **Patient is pregnant LMP** \_\_\_\_\_                       **Menopause** \_\_\_\_\_
- No  Yes **Hypertension** \_\_\_\_\_                       No  Yes **Diabetes Mellitus** \_\_\_\_\_                       No  Yes **Heart disease** \_\_\_\_\_                      **Body Height** \_\_\_\_\_ cm
- No  Yes **Previous operation** \_\_\_\_\_                      **Body Weight** \_\_\_\_\_ kg.

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

Official use:  
take Hx: \_\_\_\_\_  
 consent checked  
'er 1: \_\_\_\_\_  
'er 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.: \_\_\_\_\_

Patient's Tel.: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel.: \_\_\_\_\_

Discharged

# PET-MR SCAN

正電子及磁力共振掃描  
Requisition form