



Address 地址 : 18/F, 238 Building, 238 Nathan Road, Kowloon, HK
香港九龍彌敦道238號18樓

Tel 電話 : (852) 2866 9633

Fax 傳真 : (852) 2866 9326

WhatsApp : (852) 6166 9997

Office Hours : Monday to Saturday 9am to 6pm
Sunday & Public Holiday Closed

服務時間 : 星期一至星期六 上午九時至下午六時
星期日及公眾假期 休息

Client Name 姓名(中文)		(English)		Reference Code	
HKID No. 身份證號碼 / Passport No. 護照號碼		Date of Birth 出生日期 (D) (M) (Y)		Appointment Date 檢查日期 (D) (M) (Y) Appointment Time 檢查時間 am/pm	
Gender 性別 M / F	Age 年齡	Client's Tel No. 聯絡電話		Referring Physician:	
Weight 重量		Tel:		Fax:	
Clinical Information / Diagnosis:				Clinic Address and Dr. Signature / Company Chop	
PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> On Account <input type="checkbox"/> Others: _____				DELIVERY OF FILM & REPORT <input type="checkbox"/> Pick Up By Client <input type="checkbox"/> Send Out <input type="checkbox"/> Phone : _____ <input type="checkbox"/> Fax : _____	
MEDICAL HISTORY (Please <input checked="" type="checkbox"/> appropriate items and details, if any)					
<input type="checkbox"/> L.M.P. _____		<input type="checkbox"/> Diabetes Mellitus : YES / NO		<input type="checkbox"/> On Meltformin	
<input type="checkbox"/> Previous operation/ chemotherapy/ radiotherapy _____				<input type="checkbox"/> On β - Blocker	
For Contrast Examination:					
<input type="checkbox"/> Asthma		<input type="checkbox"/> Seafood / Drug Allergy		<input type="checkbox"/> Rash	
		<input type="checkbox"/> Others: _____			
<input type="checkbox"/> Creatinine within 3 months		<input type="checkbox"/> Normal / Level _____		<input type="checkbox"/> Date _____	
BONE DENSITOMETRY (DEXA)					
<input type="checkbox"/> Hip + Spine (DXAHS)		<input type="checkbox"/> Wholebody (DXAWB)		<input type="checkbox"/> Others: _____	
FIBROSCAN					
<input type="checkbox"/> Fibroscan (FIBRD)		<input type="checkbox"/> Others: _____			
CT <input type="checkbox"/> Plain <input type="checkbox"/> Contrast					
<input type="checkbox"/> Brain (CTHN01/CTHN01C)		<input type="checkbox"/> Lower Abdomen (Pelvis) (CTTA06 / CTTA06C)		<input type="checkbox"/> Low Dose Thorax (CTTA01)	
<input type="checkbox"/> Thorax (CTTA02 / CTTA02C)		<input type="checkbox"/> Upper Abdomen (CTTA05/CTTA05C)		<input type="checkbox"/> Whole Abdomen (Upper Abdomen + Pelvis) (CTTA07/ CTTA07C)	
<input type="checkbox"/> Urogram (CTTA08 / CTTA08C)		<input type="checkbox"/> Thorax + Upper Abdomen (CTTA03 / CTTA03C)		<input type="checkbox"/> Coronary Angiogram + Calcium Score (CTCS01C)	
<input type="checkbox"/> Thorax + Whole Abdomen (CTTA04/CTTA04C)		<input type="checkbox"/> Coronary Angiogram (CTCS03C)		<input type="checkbox"/> Coronary Angiogram with Calcium + Score Low Dose Thorax (CTCS05V)	
<input type="checkbox"/> Coronary Angiogram with Calcium + Score Low Dose Thorax (CTCS05V)		<input type="checkbox"/> Others: _____			
ULTRASOUND					
<input type="checkbox"/> Neck + Thyroid (USHN3)		<input type="checkbox"/> LGB & Spleen (USLB5)		<input type="checkbox"/> LGB (USLB4)	
<input type="checkbox"/> Thyroid (USHN1)		<input type="checkbox"/> Pelvis (TA) (USAP7)		<input type="checkbox"/> Breast (one side / both sides) (USBR1 / USBR2)	
<input type="checkbox"/> Upper Abdomen (USAP6)		<input type="checkbox"/> Prostate Gland (TA) (USAP14)		<input type="checkbox"/> Prostate Gland (PR) (USAP15)	
<input type="checkbox"/> Kidneys (both) (USAP3)		<input type="checkbox"/> Whole Abdomen (TA) (USAP10)			
<input type="checkbox"/> Others: _____					
PET-CT <input type="checkbox"/> Plain <input type="checkbox"/> Contrast					
<input type="checkbox"/> Wholebody Trunk (PETWB / PETWBC)		<input type="checkbox"/> Wholebody Trunk + Brain (PETWBB / PETWBBC)			
<input type="checkbox"/> Dual Tracer C11-Acetate + F18FDG (PETDTAF / PETDTAFC)					
<input type="checkbox"/> Ga-68 PSMA Wholebody (PETGAPSMASMA / PETGAPSMAC)					
<input type="checkbox"/> Additional Region : 4 Limbs					
<input type="checkbox"/> Others: _____					
GENERAL X-RAY					
<input type="checkbox"/> Chest X-Ray		<input type="checkbox"/> Others: _____			
REMARKS:					

Patient Information 病人需知

General Information

1. Please inform our staff if you have a possibility of pregnancy, if you are currently breast-feeding, diabetic or allergic to anything.
2. Please inform our staff if you have metallic implant or instrument inside/on your body.
3. Please continued any medication as normal unless instructed by your physician.
4. The examination time varies from 30 minutes to 2 hours. You are required to keep still during the examination.
5. Remember to bring your latest scans and reports.
6. If you cannot make it to the scheduled examination. Please call 2866 9633 at least 1 day prior to the scheduled examination time.
7. For more detail, please ask our staff when calling for appointment.

一般需知

1. 如果已經或可能懷孕、或是正以母乳哺育孩子、患有糖尿病、對任何食物、藥物有敏感反應，請務必在檢查前通知本中心職員。
2. 如身上/體內有金屬物件或儀器，請務必在檢查前通知本中心職員。
3. 病人於檢查前可照常服用醫生處方的藥物。
4. 一般檢查需時三十分鐘至兩小時不等，病人在檢查過程中需要盡量固定身體。
5. 請帶回所有最近期的掃描影像及報告。
6. 如您不能按原定計劃接受檢查，請務必在原定日期一天前致電 2866 9633 聯絡本中心職員。
7. 有關其他檢查項目的事前準備，預約時本中心職員會向閣下詳細講解。

Preparation Before Examination 檢查前注意事項

CT

1. If the examination require contrast injection, fasting for at least 4 hours prior to the examination.

Ultrasound

1. Fasting for at least 4 hours prior to the examination.

DEXA

1. Normal diet but please stop taking calcium supplements one day before the exam.
2. Do not receive X-ray contrast injections two days before the exam.

PET-CT

1. Start fasting (including sweets and chewing gum) six hours before the test, only water is allowed.
2. No exercise or lifting any heavy objects one day before the exam day.
3. Ten days before the scan, patients cannot accept any barium meal angiography.
4. Please drink water only for any medication.
5. For diabetic patients, do not take diabetes drugs or insulin injections during fasting. Please bring along the drugs to the centre.

電腦斷層掃描

1. 檢查如需使用顯影劑，檢查前四小時開始停止進食。

超聲波檢查

1. 如檢查部位是上腹部及肝膽系統及全腹部，請在檢查前必須空腹6小時。(空腹時段內可飲清水，糖及香口膠等任何食物都不能進食)。

骨質密度檢查

1. 檢查前兩天，請勿接受注射造影劑之X光掃描。
2. 檢查前一星期請勿進行核掃描或銀餐之X光造影。

正電子掃描 (PET-CT) 檢查

1. 檢查前六小時開始禁食(包括糖果及香口膠)，期間可飲用清水。
2. 檢查前一天及當日不要進行任何運動或提取重物。
3. 在掃描前十日內不可以接受任何銀餐造影檢查。
4. 閣下如有需要口服藥物，只可用清水服用。
5. 糖尿病患者禁食期間請勿服用糖尿病藥物或注射胰島素藥物。請帶備這些藥物到本中心待檢查完畢後服用。

Centre Direction Instruction 路線指示

A1 CT Scanning / A1 Imaging Centre is located at Jordan, Kowloon. You can easily reach to our centre by MTR.
A1電腦斷層掃描中心 / A1醫療診斷中心 位於九龍佐敦，您可以乘搭港鐵到達本中心。



1. 佐敦港鐵站E出口



2. 乘扶手電梯步出恆豐中心商場



3. 步出商場後往右直行1分鐘



4. 抵達238中心



5. 乘搭電梯往18樓



6. 抵達本中心