

## PET-CT Referral Form

<b>Name:</b> _____		<b>M / F</b>	<input type="checkbox"/> On Account <input type="checkbox"/> Pay at ProCare <input type="checkbox"/> 醫療券
<b>D.O.B:</b> _____	<b>Clinic Ref:</b> _____		<input type="checkbox"/> Medical Card: _____
<b>HKID:</b> _____	<b>Mobile:</b> _____		<input type="checkbox"/> Send to Clinic <input type="checkbox"/> Collect by Patient
<b>Clinical Information / Diagnosis</b>          			<input type="checkbox"/> <b>URGENT</b> , Report Before: _____
			<input type="checkbox"/> Fax/ Phone Report To: _____
			<input type="checkbox"/> Fasting 空腹__小時
			Appointment Date/Time : _____
			_____
			<b>Referring Dr. Chop &amp; Signature</b>

### Medical History

- Previous Operation/ Chemo/ RT : \_\_\_\_\_
- Diabetes Mellitus : BGL \_\_\_\_\_ mmol/L       On Metformin       On Insulin
- Drug Allergy : \_\_\_\_\_
- L.M.P. : Menopause / On \_\_\_\_\_
- Body Weight : \_\_\_\_\_ kg    Body Height : \_\_\_\_\_ cm

### For Contrast Examination

- Previous Contrast Allergy \_\_\_\_\_
- Steroid Premedication Prescribed
- Latest Creatinine Level : Normal / \_\_\_\_\_  $\mu\text{mol} / \text{L}$  (Within 3 months)
- Option for Renal Impairment : \_\_\_\_\_

### Examination Request

- Plain     Plain + Contrast     Optional Contrast

### F18 FDG

- Whole Body Trunk (Skull Base to Upper Thighs)

### Additional PET-CT Region

- Brain
- Upper Limbs
- Lower Limbs

### F18 PSMA

- Whole Body Trunk (Vertex to Upper Thighs)

### Additional CT Region

- Please specify : \_\_\_\_\_

# ProCare Advanced Medical Imaging Centre 普康先進醫學影像中心

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☎ 3841 7992 📠 3841 7993 📞 5287 9254

## Business Hours 營業時間

Monday–Saturday  
星期一至六 9:00am – 6:00pm

Sunday and Public Holiday  
星期日及公眾假期 Closed 休息



### 接受 FDG 檢查 病人注意事項 Patient Notice for FDG PET scan:

1. 檢查前10天內不可進行任何鋇類造影檢查。  
Do not undergo any barium study within 10 days before the check-up.
2. 如需取消預約，請於檢查日期前一個工作天中午12點前致電通知。未能在指定時間前通知或失約，病人可能需繳付放射性藥物之訂購費用。  
Please cancel the appointment before 12:00 noon one working day in advance. Failure to notify us on time or a missed appointment may result in payment of the radiopharmaceutical fee.
3. 請攜同所有舊片、舊報告、光碟及藥物以諮參考。  
Please bring along all previous films, reports, CDs, and medication for consultation and reference.
4. 檢查前六小時開始禁食〔包括糖果及香口膠〕，期間可以飲用清水。病人如需服用藥物，禁食期間請以清水配合服用。唯糖尿病患者請勿服用任何糖尿病藥物及注射胰島素。  
Fast for six (6) hours before the examination. You may only drink water (No chewing gum or candy) and take your medication. Diabetic patients should not take any diabetes medication or inject insulin on the day of the examination. We will advise when to resume your medication.
5. 檢查前24小時內不應進行任何運動或提取重物。  
Do not engage in any exercise or heavy lifting within 24 hours before the check-up.
6. 檢查前一個工作天將會有電話提醒有關檢查之注意事項，而當日檢查流程需時約2至3小時不等。  
A reminder will be issued one working day prior to your check-up. Please allow 2–3 hours for this examination.

### 接受 PSMA 檢查 病人注意事項 Patient Notice for PSMA PET scan:

1. 檢查前10天內不可進行任何鋇類造影檢查。  
Do not undergo any barium study within 10 days before the check-up.
2. 如需取消預約，請於檢查日期前一個工作天中午12點前致電通知。未能在指定時間前通知或失約，病人可能需繳付放射性藥物之訂購費用。  
Please cancel the appointment before 12:00 noon one working day in advance. Failure to notify us on time or a missed appointment may result in payment of the radiopharmaceutical fee.
3. 請攜同所有舊片、舊報告、光碟及藥物以諮參考。  
Please bring along all previous films, reports, CDs, and medication for consultation and reference.
4. 如需注射顯影劑，病人需於檢查前四小時開始禁食，期間可以飲用清水。如需服用藥物，請以清水配合服用。且糖尿病患者需於進行顯影劑檢查後48小時內停用糖尿病藥物「甲福明」。  
Fast for four (4) hours before the examination for all contrast studies. You may only drink water and take your medication. Please stop "Metformin" for 48 hours after the examination for diabetic patients.
5. 檢查前一個工作天將會有電話提醒有關檢查之注意事項，而當日檢查流程需時約2至3小時不等。  
A reminder will be issued one working day prior to your check-up. Please allow 2–3 hours for this examination.