

中環美銀 Central BA (PET-CT ONLY) 中環華懋 Central OCC 銅鑼灣 Causeway Bay
 尖沙咀 2/F Tsim Sha Tsui 尖沙咀 15/F Tsim Sha Tsui (MRI ONLY) 佐敦 Jordan

Hotline 預約熱線： ☎ 3621 0234 📠 3621 0086 📞 5287 4665

Name: _____		M / F	<input type="checkbox"/> On Account <input type="checkbox"/> Pay at ProCare <input type="checkbox"/> 醫療券
D.O.B: _____	Clinic Ref: _____		<input type="checkbox"/> Medical Card: _____
HKID: _____	Mobile: _____		<input type="checkbox"/> Send to Clinic <input type="checkbox"/> Collect by Patient <input type="checkbox"/> Wet Film
Allergy: <input type="checkbox"/> Contrast <input type="checkbox"/> Drugs: _____			<input type="checkbox"/> Upload Web <input type="checkbox"/> Additional CD \$250
Creatinine/ eGFR (Within 3 months & Age 65 or Above is mandatory): _____			<input type="checkbox"/> URGENT , Report Before: _____
Steroid Prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No DM on Metformin: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Fax / Phone / Email Report To: _____
<input type="checkbox"/> L.M.P. : Menopause / On _____			<input type="checkbox"/> Fasting 空腹 _____ 小時
<input type="checkbox"/> Body Weight : _____ kg <input type="checkbox"/> Body Height : _____ cm			Appointment Date/Time : _____
<input type="checkbox"/> Option for Renal Impairment : _____			_____
Operation (For MRI ONLY): <input type="checkbox"/> Claustrophobia			_____
<input type="checkbox"/> Cardiac Pacemaker <input type="checkbox"/> Metal Implant <input type="checkbox"/> Valvular Replacement			_____
<input type="checkbox"/> Intravascular Stent <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> Aneurysm Clip			_____
Clinical Information / Diagnosis			Referring Dr. Chop & Signature
PET-CT		BREAST IMAGING	
<input type="checkbox"/> Plain <input type="checkbox"/> P+C <input type="checkbox"/> Optional (Booklet + CD + Report)		<input type="checkbox"/> Implants <input type="checkbox"/> Both Sides <input type="checkbox"/> One Side : L / R	
Tracers: F18 FDG		MRI: <input type="checkbox"/> Plain <input type="checkbox"/> P+C <input type="checkbox"/> Optional (Film + CD + Report)	
<input type="checkbox"/> Whole Body Trunk (Skull Base to Upper Thighs)		<input type="checkbox"/> MRI Breasts	
Additional PET-CT Region		Mammogram: _____ (Film + Report)	
<input type="checkbox"/> Brain <input type="checkbox"/> Upper Limbs <input type="checkbox"/> Lower Limbs		<input type="checkbox"/> 3D Mammogram <input type="checkbox"/> 2D Mammogram	
Tracers: F18 PSMA		Package:	
<input type="checkbox"/> Whole Body Trunk (Vertex to Upper Thighs)		<input type="checkbox"/> 3D <input type="checkbox"/> 2D Mammogram + Ultrasound Breasts	
Package (Central BA + Central OCC ONLY):		<input type="checkbox"/> 3D <input type="checkbox"/> 2D Mammogram (<input type="checkbox"/> L / <input type="checkbox"/> R) + Ultrasound Breasts	
<input type="checkbox"/> PET-CT Whole Body Trunk (P+C) & MRI Brain (P+C)		Ultrasound: _____ (Booklet + Report)	
<input type="checkbox"/> PET-CT Whole Body Trunk (P+C) & MRI Breasts (P+C)		<input type="checkbox"/> Ultrasound Breasts	
MRI		Ultrasound Guided: _____ (Booklet + Report)	
<input type="checkbox"/> Plain <input type="checkbox"/> P+C <input type="checkbox"/> Optional (Film + CD + Report)		<input type="checkbox"/> VAB <input type="checkbox"/> VAB + Marker <input type="checkbox"/> Marker Only	
<input type="checkbox"/> Brain <input type="checkbox"/> Stroke Package		<input type="checkbox"/> FNA <input type="checkbox"/> Core Bx	
<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Hypertension Package		Stereotactic Guided: _____ (Film + Report)	
<input type="checkbox"/> Whole Abdomen <input type="checkbox"/> Whole Body (Excluding Limbs)		<input type="checkbox"/> Core Bx <input type="checkbox"/> VAB + Marker	
<input type="checkbox"/> Pelvis <input type="checkbox"/> Knee L / R		ULTRASOUND	
<input type="checkbox"/> Prostate <input type="checkbox"/> Shoulder L / R		<input type="checkbox"/> Pediatric (Age 12 or Below) (Booklet + Report)	
<input type="checkbox"/> Others: _____ <input type="checkbox"/> Spine: _____		<input type="checkbox"/> Thyroid <input type="checkbox"/> Kidneys + Bladder	
CT <input type="checkbox"/> Air Trapping		<input type="checkbox"/> Neck <input type="checkbox"/> Pelvis TA	
<input type="checkbox"/> Plain <input type="checkbox"/> P+C <input type="checkbox"/> Optional (<input type="checkbox"/> Film + Report <input type="checkbox"/> Booklet + Report)		<input type="checkbox"/> Liver <input type="checkbox"/> Pelvis TA + TV	
<input type="checkbox"/> Brain <input type="checkbox"/> Upper Abdomen		<input type="checkbox"/> Liver Gallbladder <input type="checkbox"/> Prostate TA	
<input type="checkbox"/> Paranasal Sinuses <input type="checkbox"/> Whole Abdomen		<input type="checkbox"/> LGB + Pancreas + Spleen <input type="checkbox"/> Prostate TA + TR	
<input type="checkbox"/> Thorax <input type="checkbox"/> Pelvis		<input type="checkbox"/> Upper Abdomen <input type="checkbox"/> Whole Abdomen (<input type="checkbox"/> +TV / TR)	
<input type="checkbox"/> HRCT <input type="checkbox"/> Urogram		<input type="checkbox"/> FNA: _____ <input type="checkbox"/> Core Bx: _____	
<input type="checkbox"/> Low Dose Thorax <input type="checkbox"/> Nasopharynx		<input type="checkbox"/> Others: _____	
<input type="checkbox"/> Coronary Angiogram + Calcium Score		FIBROSCAN (Booklet + Report)	
<input type="checkbox"/> Others: _____		<input type="checkbox"/> Fibroscan + CAP (Fatty Liver)	
XRAY / DEXA		CARDIOVASCULAR TESTS	
<input type="checkbox"/> Wet Film (<input type="checkbox"/> No Film <input type="checkbox"/> No Reporting)		<input type="checkbox"/> Resting ECG <input type="checkbox"/> Holter (24h / 48h / 72h)	
<input type="checkbox"/> XRAY: _____		<input type="checkbox"/> Treadmill <input type="checkbox"/> 24hrs BP	
<input type="checkbox"/> Long Film (<input type="checkbox"/> AP <input type="checkbox"/> AP & LAT) (Jordan Excluded)		<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> DEXA		LAB	
<input type="checkbox"/> Spine & Hip (<input type="checkbox"/> Single Side / <input type="checkbox"/> Both Sides)		<input type="checkbox"/> ProCare Plan: _____	
<input type="checkbox"/> Whole Body Composition Analysis		<input type="checkbox"/> Others : _____	

ProCare Advanced Medical Imaging Centre (Central)

普康先進醫學影像中心 (中環)

📍 Shop G07A & G07B2, G/F, Bank of America Tower, 12 Harcourt Road, Central (Central MTR Station Exit L)
中環夏慤道12號美國銀行中心 G07A & G07B2 (港鐵中環站L出口)

☎ 3841 7992 📠 3841 7993 📞 5287 9254

Business Hours 營業時間

Monday-Friday 9:00am - 6:00pm
星期一至六

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



ProCare Integrated Medical Imaging & Laboratory Centre (Central OCC)

普康綜合醫學影像及化驗中心 (中環華懋)

📍 2/F, One Chinachem Central, 22 Des Voeux Road Central, Central (Central MTR Station Exit C)
中環德輔道中22號華懋中心1期2樓全層 (港鐵中環站C出口)

☎ 3700 8722 📠 3700 8723 📞 6070 0225

Business Hours 營業時間

Monday-Friday 9:00am - 1:00pm, 2:00pm - 6:00pm
星期一至五

Saturday 9:00am - 1:00pm, 2:00pm - 4:00pm
星期六

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



ProCare Medical Imaging & Laboratory Centre (Lee Garden Two)

普康醫學影像及化驗中心 (利園二期)

📍 26/F, Lee Garden Two, 28 Yun Ping Road, Causeway Bay (Causeway Bay MTR Station Exit F1)
銅鑼灣恩平道28號利園二期26樓 (港鐵銅鑼灣站F1出口)

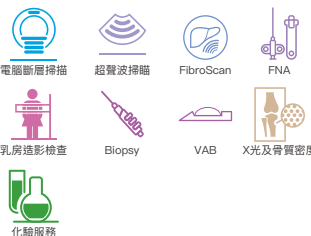
☎ 2577 9313 📠 2577 9226 📞 5703 6749

Business Hours 營業時間

Monday-Friday 9:00am - 1:00pm, 2:00pm - 6:00pm
星期一至五

Saturday 9:00am - 1:00pm, 2:00pm - 4:00pm
星期六

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



ProCare Integrated Medical Imaging & Laboratory Centre (2/F, Tsim Sha Tsui)

普康綜合醫學影像及化驗中心 (尖沙咀2樓)

📍 2/F, 26 Nathan Road, Tsim Sha Tsui (Tsim Sha Tsui MTR Station Exit E)
尖沙咀彌敦道26號2樓全層 (港鐵尖沙咀站E出口)

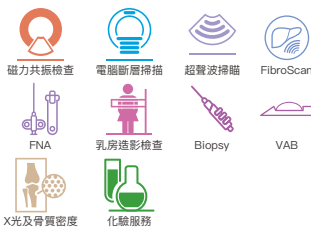
☎ 3974 3838 📠 3974 3888 📞 5501 6020

• 2/F Business Hours 營業時間

Monday-Friday 9:00am - 1:00pm, 2:00pm - 6:00pm
星期一至五

Saturday 9:00am - 1:00pm, 2:00pm - 4:00pm
星期六

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



* Wheelchair users can use the main entrance on Nathan Road to access 2/F
* 輪椅使用者請使用彌敦道正門到2/F

ProCare MRI Centre (15/F, Tsim Sha Tsui)

普康磁力共振中心 (尖沙咀15樓)

📍 Room 1505, 15/F, 26 Nathan Road, Tsim Sha Tsui (Tsim Sha Tsui MTR Station Exit E)
尖沙咀彌敦道26號15樓1505室 (港鐵尖沙咀站E出口)

☎ 3166 0188 📠 3166 0189 📞 6688 1321

• 15/F Business Hours 營業時間

Monday-Friday 9:00am - 7:00pm
星期一至五

Saturday 9:00am - 5:00pm
星期六

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



磁力共振檢查

ProCare Medical Imaging & Laboratory Centre (Jordan)

普康醫學影像及化驗中心 (佐敦)

📍 Room 07-11, 15/F, 238 Nathan Road, Jordan (Jordan MTR Station Exit E)
佐敦彌敦道238號15樓07-11室 (港鐵佐敦站E出口)

☎ 2372 9622 📠 2372 9722 📞 5703 6746

Business Hours 營業時間

Monday-Friday 9:00am - 1:00pm, 2:00pm - 6:00pm
星期一至五

Saturday 9:00am - 1:00pm, 2:00pm - 4:00pm
星期六

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



* Wheelchair users can use Exit B1
* 輪椅使用者請使用B1出口

Specimen collection:

樣本收集:

☎ 3529 1983 / 📠 3529 1981

The specimen collection time may vary depending on different circumstances. Please contact centre for inquiries.
最佳樣本收集時間會因個別情況而更改，屆時可致電中心查詢。

Specimen Collection Time:

Monday - Friday Before 4:15pm

Saturday Before 2:30pm

Sunday & Public Holiday Closed

最佳樣本收集時間:

星期一至五 下午4:15前

星期六 下午2:30前

星期日及公眾假期休息