東華三院電腦掃描中心
Tung Wah Group of Hospitals
Computed Tomography Imaging Centre

SINCE 1870

Please use block letter or affix label

Name: _____ (English) (in Chinese) _____

ID No.: D.O.B.: _____

Hospital:_____ Sex: ____ Age: _____

Dept.: _____ Ward & Bed:_____

九龍窩打老道25號廣華醫院主座大樓北翼7樓
7/F, North Wing, Main Building, Kwong Wah Hospital,
25 Waterloo Road, Kowloon
電話(Tel) : 3517 7721 傳真(Fax) : 3517 7722

辦公時間 : 星期一至五 (Mon-Fri) 09:00 - 17:00*
Office Hour : 星期六(Sat) 09:00 - 13:00
*午膳時間 Lunch Hour : 13:00 - 14:00

CT REQUEST FORM

Please ✓ the appropriate:

MEDICAL HISTORY

- ☐ Nil
- ☐ Metallic Implant
- ☐ Diabetes Mellitus
- ☐ Glaucoma
- ☐ Hypertension
- ☐ Arrhythmia
- ☐ Heart Failure
- ☐ Previous Surgery _____
- ☐ Renal Failure (Creatinine _____)
- ☐ Multiple Myeloma
- ☐ Other Contraindication to Contrast
- ☐ LMP _____
- ☐ Menopause
- ☐ Pregnancy test negative on _____

ALLERGY HISTORY

- ☐ Nil
- ☐ Previous Reaction
- ☐ Food Allergy
- ☐ Drug Allergy
- ☐ Asthma
- ☐ Currently on Metformin/Glucophage

Others

- ☐ Nil
- ☐ Barium Study within 10 Days
  - Barium Exam Date: _____
  - Barium Exam Region:_____

Diagnosis / Clinical Information: -

☐ Plain ☐ Plain & Contrast ☐ 3D Reconstruction

C1 HEAD & NECK REGION

- ☐ C100 Brain
- ☐ C101 Orbits
- ☐ C102 Paranasal Sinuses
- ☐ C103 Nasopharynx
- ☐ C104 Neck
- ☐ C105 Thyroid
- ☐ C106 Internal Acoustic Meatus
- ☐ C107 3D Reconstruction (Extra)

C2 BODY

- ☐ perform 10 days within mensturation
- ☐ perform as soon as possible

- ☐ C200 Virtual Colonoscopy
- ☐ C201 Virtual Colonoscopy + Abdomen
- ☐ C202 CT Urogram
- ☐ C203 Thorax
- ☐ C204 Abdomen
- ☐ C205 Pelvis
- ☐ C206 Thorax + High Resolution CT of Lung
- ☐ C207 Abdomen & Pelvis

C3 CT ANGIOGRAM

- ☐ C301 Calcium Score
- ☐ C302 Coronary Angiogram + Calcium Score
- ☐ C303 Cerebral Angiogram
- ☐ C304 Carotid Angiogram
- ☐ C305 Pulmonary Angiogram
- ☐ C306 Renal Angiogram
- ☐ C307 Hepatic Angiogram
- ☐ C308 Superior Mesenteric Angiogram
- ☐ C309 Upper Limb Angiogram
- ☐ C310 Lower Limb Angiogram
- ☐ C311 Thoracic Aortogram
- ☐ C312 Abdominal Aortogram

C4 EXTREMITIES

- ☐ C400 Limb / Joint (Each Region) _____

C5 SPINE

- ☐ C500 Cervical Spine
- ☐ C501 Thoracic Spine
- ☐ C502 Lumbar Spine

Referring Doctor:-

Signature _____

Name of Doctor (Block Letter) _____

Hospital & Department _____

Contact Tel _____

Date _____