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

九龍窩打老道25號廣華醫院(新院)6樓
6/F Kwong Wah Hospital, 25 Waterloo Road, Kowloon
電話(Tel) : 3517 7721　　傳真(Fax) : 3517 7722

Please use block letter or affix label

Name: _____ (English)　　(in Chinese) _____
ID No.:　　D.O.B.: _____
Hospital:_____　　Sex: ___　Age: _____
Dept.: _____　　Ward & Bed:_____

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)
- ☐ C108 Face
- ☐ C109 Mandible

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

1. Contraindication to Buscopan: ☐ Yes / ☐ No
2. Colonic polypectomy or biopsy within 10 days: ☐ Yes / ☐ No
   If yes, procedure date: _____

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

Contraindication to:
1. Betablocker ☐ Yes / ☐ No
2. TNG ☐ Yes / ☐ No

C4 EXTREMITIES
- ☐ C400 Limb / Joint (Each Region) _____

C5 SPINE
- ☐ C500 Cervical Spine
- ☐ C501 Thoracic Spine
- ☐ C502 Lumbar Spine

Remarks:

Referring Doctor:

Signature _____

Name of Doctor (Block Letter) _____

Hospital & Department _____

Contact Tel _____

Date _____