



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
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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 Mellitu
- 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 menstruation
- 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 _____