養和醫院
HONG KONG SANATORIUM & HOSPITAL, LTD.

Tel.: 2835 8900
Fax: 2892 7530

FOR DEPARTMENT USE

DATE	RAD NO.
17 X 14 / 15 X 12 / 12 X 10 / 10 X 8 / 17 X 7 / 14 X 14 / DUP	OLD FILM ☐ ☐
	SIGNATURE

NAME	SEX	WARD/DEPT.	CONTRAST	QUANTITY
	AGE	DATE OF BIRTH		
REFERRING DR.	PATIENT'S ID NO.	DATE OF L.M.P.		

FOR IV CONTRAST STUDY THE FOLLOWING MUST BE FILLED.

	YES	NO
Allergy to Drug/Contrast	☐	☐
Allergy to Seafood	☐	☐
History of Asthma	☐	☐
History of Diabetes Mellitus or Multiple Myeloma	☐	☐
History of Other Allergies	☐	☐
History of Kidney Disease	☐	☐

PATIENT'S CONDITION

- ☐ Cannot leave ward
- ☐ Cannot sit up
- ☐ Can sit up
- ☐ Can stand up

EXPOSURE FACTOR	KV	MAS	DOSE AREA PRODUCT mSvcm^2
1			
2			
3			
4			
5			
6			

EXAMINATION REQUESTED:

請帶回舊片以作比較，多謝合作。
★ Please send all old films with patient during examination and reporting for reference or comparison.

CLINICAL DATA & DIAGNOSIS :
ANY POSITIVE FINDINGS IN PREVIOUS EXAMINATIONS (X-RAY, US, CT, MR, PET-CT) OF THE SAME REGION ?

DOCTOR'S SIGNATURE