

養 和 醫 院

HONG KONG SANATORIUM & HOSPITAL

診斷及介入放射部 Tel: 2835 8900
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Department of Diagnostic & Interventional Radiology

姓名 Name	性別 Sex	香港身份證號碼 HK ID No.
年歲 Age	F / M	醫院院號 Hospital No.
房 / 床號 Ward / Bed No.		

Ref. Dr. _____ Ref. No. _____ Date _____ / _____ / _____

(A) GENERAL INFORMATION

- Urgent (Last Food & Drink at _____)
- Routine
- Follow up Scan No. & Date _____
- Date & No. of Correlative Investigation:
- M R I _____
- C T / U S _____
- X-Ray _____

US DEPT. USE ONLY

Date of Exam. _____

US No. _____

Exam. Dr. _____

No. of Films _____

Operator _____

(B) Medical History (Must be completed)

- History of Diabetes Mellitus History of Previous Operation Relevant to the Present Scan _____

(C) Clinical Data & Diagnosis

(CI) ANY POSITIVE FINDINGS IN PREVIOUS EXAMINATIONS (X-RAY,US,CT,MR,PET-CT) OF THE SAME REGION ?

(D) Request for Ultrasound Scan

Whole Abdomen (Upper Abdomen + Pelvis)

	Upper Abdomen
	Liver
	Pancreas / GB / Biliary Tree / Liver
	Liver / Gall Bladder / Biliary Tree
	Kidneys (Both / Right / Left)

	Pelvis (Transabdominal)
	Pelvis (Transvaginal)
	Obstetrics
	LMP:
	Testes
	Urinary Bladder
	Prostate (Transabdominal)
	Prostate (Transrectal)

Interventional Procedures :
Abdominal (Tapping / Drainage)
Chest (Tapping / Drainage)
Aspiration : (Region : _____)
Biopsy : (Region : _____)
FNA : (Region : _____)
Needle Localization (Region : _____)
Amniocentesis
<i>To be performed by Dr.</i>

Small Parts :
Thyroid
Neck
Breast (Both / Right / Left)

Echocardiogram
<i>To be performed by Dr.</i>

Doppler Examinations:
Carotids (both sides)
Lower Limb Veins (to r/o DVT) (Both / Right / Left)
Lower Limb Veins (to r/o venous insufficiency) (Both / Right / Left)
Renal Doppler (to r/o RAS)
Graft Kidney

Others :

DOCTOR'S Name in Block Letter : _____ Doctor's Signature : _____

XR65a 03-07



ULTRASOUND REQUEST FORM

XRAY.001.50474

