

放射部

SPHF-DIRD-003

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Appointment Sheet

預約檢查通知書

			\(Appointment Information)
Visi	it No.:	Dept.:		預約資料	A interest Time
Name:		Sex/Age:	Appointment Date Appointment Time 檢查日期		
Doc	c. No.:	Adm. Date:		Examination Type 檢查項目 □ CT □ MRI □	Ultrasound □ Mammography
Attı	n. Dr.:	Dlagga fill in /		電腦掃描 磁力共振	超聲波 乳腺 X 光檢查
Patient No.: PN		Please fill in / affix patient's label		骨質密度檢查	Fluoroscopy 透視診斷
		ajjix patieni s tabet	八	Examination Region 檢查部位 _	
Dlag	as surive at any d	onoutment 10 15 minutes		the appointment tip	
		lepartment 10-15 minutes _] 分鐘前到達本部門。	prior (o the appointment th	ne.
PRE	E-EXAMINATIO	N PREPARATION 檢查	前準備	Ħ	
		em(s) below for best examination re 構,以達至最佳檢查效果。	esults.		
	There is NO parti 無須任何檢查前達	icular preparation for this ex 異備程序。	amina	tion.	
	Fast after midnight 午夜後禁止進食。				
	Please fast for 3 / 6 hours before the scheduled time (<i>except essential drugs</i>). 請於檢查前 三 / 六 小時開始禁食 (必需藥物除外)。 * Patient with cholecystectomy needs not refrain from eating and drinking. 已切除膽囊者則無須因為做超聲波檢查而禁飲食。				
	examination is con	at least 500 ml of water 1 h npleted. 曷 500 毫升清水,並切勿排尿			d shall not urinate until the
	For Diabetic patient 糖尿病患者 If you are taking "Metformin", please do not take the medicine on the day of examination and 48 hours afterwards. 如有服用含有「甲福明」的降血糖藥,請於檢查當日及之後48小時停止服用有關藥物。				
		uled for Cardiac Examinatio			
	Please avoid and abstain from fluid containing caffeine such as coffee, tea and soft drink. If you have any regular medication for hypertension, please inform us for special arrangement. 請於檢查前 24 小時內不要飲用任何含有咖啡因的飲料,如茶,咖啡或汽水等。若有定期服用降血壓藥,於預約時通知本部門職員以作特別安排。				
	CT Virtual Colonoscopy or Barium Enema 電腦掃描虛擬大腸鏡檢查或鋇灌腸透視檢查人士 Patient will be required to have low residue diet for 3 days and overnight fasting before the examination. Furthermore, please follow the instruction of laxative drug according to prescription. 檢查前三天不可以吃高纖維食物,檢查前午夜起禁食。此外請按照處方藥物時間服用,以確保檢查效果。				
	Please follow the instruction of laxative drug which is given by pharmacy. 請依照本院處方藥物按時服用。				
	In order to reduce each menstrual per axillary regions to	uled for Mammogram Exam discomfort in the procedure, pa riod. Fragrances, deodorant a avoid causing image artifacts. 寺間是在月經後,可減少不遊	atient is gents o	s advised to schedule the or talcum powder must no	examination after the end of of the applied to the breasts and
	Others 其他:				



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Attn. Dr.:	Please fill in /	電腦掃描 磁力共振 超聲波 乳腺 X 光檢查
Patient No.: PN	affix patient's label	□ Bone Densitometry □ Fluoroscopy 骨質密度檢查 透視診斷
	ujjix patieni s tabei	Examination Region 檢查部位

Please inform our staff before the examination if you have any one of the following: 如有下列事項,請於檢查前通知本部門職員。

- If you are confirmed pregnant or there is any uncertainty of pregnancy. 懷疑或確定懷孕。
- If you have any allergic history to drugs, seafood or contrast agent. 2. 曾經對任何食物、藥物或注射顯影劑產生過敏反應
- 3. If you have any metallic implant like Cardiac pacemaker, cardiac sheet. 身體有內置心臟起搏器或嵌入金屬物,例如心臟冠狀動脈腔支架或骨折復位螺釘。
- If you have taken any Barium examination (within 1 week) or intravenous contrast injected examination. 曾於一星期內做過顯影劑注射,鋇餐或鋇灌腸檢查。

Remarks 備註

- The appointment will be rescheduled when Tropical Cyclone Warning Signal No. 8 or above is hoisted, or when Black Rainstorm Warning is announced. You may contact our department by telephone to reschedule the appointment as soon as possible.
 - 檢查當日若天文台懸掛八號或以上熱帶氣旋警告、或發出黑色暴雨警報、病人可致電本部門另訂檢查日期。
- Please bring along old films (e.g. CT, MRI, X-Ray & Ultrasound films) for comparison. 請帶回有關的電腦掃描,磁力共振,X光及超聲波之舊片,以作比對。
- For enquiry, please consult your referring physicians or staff of radiology department. 如對檢查有任何疑問, 請致電您的主診醫生或向放射科職員查詢。
- Subject to urgent scheduling of emergency cases and other unforeseen circumstances, there may be some unavoidable delay in performing your examination. 因應院內其他個別緊急病人的需要,個別的檢查時間可能會稍為延遲。

