

APPOINTMENT DATE AND TIME	CASH/ ON ACCOUNT
NAME	
DOB	IDENTIFICATION NUMBER
CONTACT NUMBER	EMAIL

RÖNTGEN & PARTNERS

M E D I C A L I M A G I N G

2F Kailey Tower 16 Stanley Street Central, Hong Kong
 T: 852 - 2868 2888 F: 852 - 2868 2889
 Email: clinic.rradiology@gmail.com
 www.rradiology.com

TO SCHEDULE AN APPOINTMENT PLEASE FAX 2868 2889

EXAMINATION REQUESTED

PLAIN / CONTRAST / OPTIONAL CONTRAST

CLINICAL INFORMATION/ RELEVANT HISTORY

Please kindly bring this form along with relevant prior imaging and report where possible. Thank you!

Dr. _____

AUTHORIZED SIGNATURE & CHOP

ESSENTIAL PRE-EXAMINATION INFORMATION *Please specify YES to the Following Questions.*

Cardiac Pacemaker? <input type="checkbox"/> NO <input type="checkbox"/> YES	Pregnancy? <input type="checkbox"/> NO <input type="checkbox"/> YES	LMP (if applicable) _____
Allergy? _____ <input type="checkbox"/> NO <input type="checkbox"/> YES	Renal Function Abnormal? <input type="checkbox"/> NO <input type="checkbox"/> YES	eGFR _____ Creatinine _____
Asthma/ Hay Fever? <input type="checkbox"/> NO <input type="checkbox"/> YES	Diabetes Mellitus? <input type="checkbox"/> NO <input type="checkbox"/> YES	Metformin? <input type="checkbox"/> NO <input type="checkbox"/> YES

Remarks :

OFFICE USE ONLY	<input type="checkbox"/> List	HA/OA/C/V/M	<input type="checkbox"/> Urgent Report/ Phone	<input type="checkbox"/> Code
<input type="checkbox"/> Form received	<input type="checkbox"/> Pt No.	<input type="checkbox"/> Booking	<input type="checkbox"/> Contrast <input type="checkbox"/> Hydro	<input type="checkbox"/> Exam
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Preparation	<input type="checkbox"/> Reminder	<input type="checkbox"/> Call back. Cfm by:	<input type="checkbox"/> Charge
<input type="checkbox"/> Nurse/ Clinic	<input type="checkbox"/> Past Exam	<input type="checkbox"/> R	<input type="checkbox"/> Others: Film/ DVD/ Report	<input type="checkbox"/> Total



2F Kailey Tower
16 Stanley Street
Central, Hong Kong
MTR D2 Exit

中環士丹利街 16號
 騏利大廈 2樓
 地鐵中環站 D2 出口

T: 852 - 2868 2888
F: 852 - 2868 2889

MRI SAFETY QUESTION			
For Patient Safety: Please explain if "YES" to the following:			
Cerebral Aneurysm Clip	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Cardiac Pacemaker/ Implantable cardioverter defibrillator (ICD)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Artificial Heart Valve	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Neuro Stimulator	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Middle Ear Prosthesis	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Orbital Foreign Body	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Metal Worker (at any time)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Shrapnel, bullet	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Orthopaedic Device	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Harrington Rod	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Vascular Filter/ Stent	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Venous Access Device	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
Other	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

MRI PREPARATION	
MRCP / MRU	Fast for 4 hours (No food or drink)
Cardiac MRI	Refrain from caffeine (tea, coffee, energy drinks) for 24 hours
MRI of Prostate	Refrain from ejaculation for 3 days prior to the scan
CT PREPARATION	
CT with Contrast	Fast for 4 hours (No food or drink)
CT Pelvis, CT Urogram	Drink 750ml (3 cups) of water 30 min. prior to the scan
Coronary CT Angiogram	Refrain from caffeine (tea, coffee, energy drinks) for 24 hours
Please inform our staff if you have any allergies	
Please stop METFORMIN on the exam day and for 48 hours after the scan	
US PREPARATION	
US Liver, gallbladder / Upper Abdomen	Fast for 4 hours (No food or drink)
US Pelvis/ Prostate/ Transvaginal/ TRUS	Drink 750ml (3 cups) of water 1 hour prior to the scan
US Whole Abdomen	Fast for 4 hours & drink 750ml of water 1 hr. prior to the scan
No preparation is required unless indicated above. Please take your usual medications with a small amount of water unless you are advised otherwise.	

SERVICE HOURS: MONDAY TO FRIDAY 09:00 – 18:00
SATURDAY 09:00 – 13:00