



ULTRASOUND REQUEST FOR EXAMINATION FORM

T: 2116 9287 F: 3797 6286 E: enquiry@a1.hk W: https://A1.HK

Appointment: DATE TIME

★Please arrive 15 minutes before your appointment and bring this form.

PATIENT INFORMATION		REFERRING CLINICIAN	
Last Name	First Name	Doctor's Name	
Address	Date of Birth	Clinic Name & Address	
	Phone#		
	Email		
CLINICAL INFORMATION		Phone#	Date
		PAYMENT METHOD	REPORT AND FILM
		<input type="checkbox"/> On Account <input type="checkbox"/> Medical Card <input type="checkbox"/> Pay by Patient	<input type="checkbox"/> Send to Referrer <input type="checkbox"/> Collect by Patient
ULTRASOUND EXAMINATION (Please tick as appropriate)			
ULTRASOUND GUIDED BIOPSY (including histopathology report)			
<input type="checkbox"/> USG Guided FNAC (One lesion) <input type="checkbox"/> USG Guided FNAC (Each extra lesion) <input type="checkbox"/> USG Guided FNAC + Targeted USG Scan (Breast / Thyroid / Other Nodules) <input type="checkbox"/> USG Guided Core Needle Biopsy + Histology (One lesion) <input type="checkbox"/> USG Guided Core Needle Biopsy + Histology (Each extra lesion) <input type="checkbox"/> USG Guided Core Needle Biopsy + Histology + Targeted USG Scan (Breast / Thyroid / Other Nodules)			
HEAD & NECK		ABDOMEN & PELVIS	
<input type="checkbox"/> Thyroid +/- Parathyroid Glands <input type="checkbox"/> Salivary glands <input type="checkbox"/> Orbits <input type="checkbox"/> Thyroid gland and Cervical lymph nodes <input type="checkbox"/> Whole Neck (including lymph nodes, salivary glands and thyroid gland) <input type="checkbox"/> Neck Lump		<input type="checkbox"/> Upper Abdomen (LGB, Pancreas, Spleen & Kidneys) <input type="checkbox"/> Upper Abdomen & Pelvis (TA) <input type="checkbox"/> Upper Abdomen & Pelvis (TA + TV) <input type="checkbox"/> Upper Abdomen & Pelvis & Prostate (TA) <input type="checkbox"/> Liver <input type="checkbox"/> Gallbladder & Biliary Tract <input type="checkbox"/> Spleen <input type="checkbox"/> Pancreas <input type="checkbox"/> Both Kidneys <input type="checkbox"/> Urinary Bladder <input type="checkbox"/> Urinary Bladder & Prostate Gland (TA) <input type="checkbox"/> Prostate Gland (TA) <input type="checkbox"/> Pelvis (TA) <input type="checkbox"/> Pelvis (TA + TV) <input type="checkbox"/> Appendix <input type="checkbox"/> Hernia	
EXTREMITIES			
<input type="checkbox"/> Lump / Joint Location (s): _____ <input type="checkbox"/> L <input type="checkbox"/> R _____ <input type="checkbox"/> L <input type="checkbox"/> R _____ <input type="checkbox"/> L <input type="checkbox"/> R			
VASCULAR STUDIES			
<input type="checkbox"/> Lower Limb Venous Doppler <div style="text-align: right;"><input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both</div>			
BREAST			
<input type="checkbox"/> Breast <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/> Sigle Breast + Contralateral chest wall <input type="checkbox"/> L <input type="checkbox"/> R			

PREVIOUS RELEVANT EXAMS

Please state **when** and **where** for each exam.

- None
- Ultrasound
- Mammogram
- CT
- MRI
- PET
- Others

★ Please bring all relevant scans/films/DVD of previous appointments.

LIST ALL SURGERY

Please list all surgeries and specify a **date** and **type**.

(DD/MM/YYYY)

(DD/MM/YYYY)

(DD/MM/YYYY)

(DD/MM/YYYY)

★ Please provide all surgical reports upon request.

PATIENT PREPARATION

<p>Upper Abdomen, Gall Bladder, Biliary Tract</p>	<p>Fasting: Please do not eat or drink for 6 hours prior to the examination.</p> <p>* Water may be consumed as usual.</p>
<p>Pelvis (Transabdominal ultrasound), Urinary Bladder, Prostate</p>	<p>The scan can only be done when your bladder is full. Please drink 500ml (about 2 glasses) of water, 30 minutes before the appointment time.</p> <p>* If you are on fluid restriction, please follow your regular fluid intake regime and aim to keep your bladder full for the examination.</p>

For official use

Technologist:

_____ / _____
 (dd/mm/yyyy) (dd/mm/yyyy)

LOCATION

Address: Unit 502, 5/F, Hing Wai Building, 36 Queen's Road Central, Central, Hong Kong

