sonoexpress
杏林超聲波中心

尖沙咀總店: 堪富利士道 8 號 **格蘭中心 8 樓 803-04 室**
(尖沙咀地鐵站 **A2** 出口)
電話: 2780 3111 WhatsApp: 9593 9060

佐敦分店: 彌敦道 363-373 號 **恆成大廈 8 樓 805-06 室**
(佐敦地鐵站 **A** 出口) ***電話: 2780 3131***

星期一至五 9:30 AM - 1:00 PM , 2:30 PM - 5:30 PM
星期六 9:30 AM - 2:00 PM
星期日及公眾假期休息

< Referral Form >

Patient Name: _____

Patient ID: _____

Gender / Age: _____

Patient Tel.: _____

檢查日期 時間:
Appointment Date & Time:_____

○ **檢查前需空腹 4 小時** (膽囊已切除之病人除外)
Fasting for 4 hours before examination
(not applicable to post cholecystectomy patient)

Payment: ○ **Cash** ○ **Account**

Report: ○ **To patient** ○ **To clinic, Address**_____

Clinical Information :

Xray Examination Order (Jordan Center Only) :

Breast Imaging Examination Order :

○ 2D Mammogram (Jordan Center Only) , ○ USG Breast (Jordan & TST Center) , ○ Bilateral ○ Left ○ Right

USG Examination Order (Jordan & TST Center) :

○ **Whole abdomen** 需空腹 (upper abdomen + pelvis)

Upper abdomen

○ Upper abdomen 需空腹 (Liver + Gallbladder + Biliary system + Spleen + Pancreas + Kidneys + Aorta)

○ Liver ○ LGB 需空腹 ○ LGBS 需空腹

Lower abdomen

○ Male/ Female Pelvis (TA) ○ Kidneys ○ Urinary bladder

Small Parts

○ Thyroid ○ Neck ○ Thyroid + Neck ○ Scrotum

Vascular & Doppler

○ Intima Media Thickness of Carotid Arteries

○ Limb vein, ○ Bilateral ○ Left ○ Right

○ **FNA** / ○ **Biopsy** , **Site :**

For internal use:

_____ _____ _____

Referring Doctor & Signature:_____