聖保祿醫院
St. Paul's Hospital

ZDIC_SOR01_P | (V6) Feb 2025

Radiology Request
Positron Emission Tomography – Computed Tomography (PET-CT)

放射部 RADIOLOGY DEPARTMENT
香港銅鑼灣東院道二號地庫一樓
LG1, No.2 Eastern Hospital Road, Causeway Bay, Hong Kong
電話 Tel: 2830-3786 / 2830-3796 傳真 Fax: 2837-5220
WhatsApp: 5795-2900

Visit No.: _____ Dept.: _____

Name: _____ Sex/Age: _____

Doc. No.: _____ Adm. Date:_____

Attn. Dr.: _____

Please fill in / affix patient's label

Patient No.: PN_____

Appointment Information

Appointment Date: _____

Appointment Time: _____

Please complete all the items and "✓" the appropriate boxes.

Examination Order	☐ **Plain**	☐ **Contrast**	**Body Weight** ____kg
☐ F18-FDG Whole Body Trunk (from Skull Base to Groin)			
☐ F18-FDG Whole Body Trunk with Brain (from Brain to Groin)			
☐ Ga68-PSMA Whole Body Trunk (from Skull Base to Groin)			
☐ Ga68-DOTATATE Whole Body Trunk (from Skull Base to Groin)			

Additional Region *(Please specify the indication e.g. melanoma)*		**Additional Regional Contrast CT** *(Please specify the region & indication e.g. HCC)*		
☐ Upper Limbs		☐ Upper abdomen	☐ Pelvis	
☐ Lower Limbs		☐ Others		

Clinical Information

_____

History of adverse drug reaction	☐ Yes, please specify _____	☐ No
History of adverse reaction to contrast media	☐ **Yes** ***(For contrast exam, please arrange pre-medication)***	☐ No
For female patient (Age 10-60)	☐ LMP _____ (For LMP over 10 days from the exam, please arrange pregnancy test in advance or patient is required to sign pregnancy test refusal form)	☐ Menopause ☐ Pregnant ☐ Lactating
History of Claustrophobia	☐ Yes	☐ No
History of Diabetes	☐ Yes	☐ No
Diabetes on Metformin	☐ Yes Please specify _____	☐ No
History of: *(Any of the following)* ☐ Renal cancer ☐ Renal transplant ☐ Renal surgery ☐ Single kidney ☐ Dialysis ☐ Proteinuria ☐ Diabetes on metformin ☐ Chronic kidney disease ☐ Acute kidney injury	☐ Yes, please provide the latest serum creatinine level within 3 months. Creatinine Level: _____ mmol/L Date: _____	☐ No

Studies Comparison

Please send ALL the old films, CDs and reports of correlative studies for reference.

Cancellation Policy

Radiopharmaceuticals will be charged if it is cancelled within a) 1-working day for FDG-18 PET-CT scan, or b) 2-working days for PSMA PET-CT scan prior to the exam respectively. (HK$2,500 for FDG-18/HK$5,500 for PSMA)

Doctor's Name & Signature: _____ **Date of Request:** _____

**Please attach this request form for patient admission*