

日期 Date: ..... 預約日期 Appointment Date: ..... 時間 Time: .....  需要空腹 Fasting ..... 小時 hours

<b>PATIENT'S INFORMATION</b>  Eng Name: .....  Chi Name: .....  ID No: .....  Gender: .....  D.O.B.: .....  Age: .....  Tel. No.: .....	<b>Clinical Information:</b> ..... .....		<b>LMP:</b> .....
	<b>History of Drug Allergy, Allergy, Asthma, Diabetes, Metformin Use, Renal or Cardiac Diseases:</b> ..... .....		
	<b>Latest Serum Creatinine Level (if 65-year-old or above, Renal Disease, and Critical Illness):</b> <b>*If GFR &lt; 3ml/min/1.73m<sup>2</sup>: Not advisable for contrast</b> ..... .....		
	<b>Doctor Name:</b> .....	<b>Doctor Signature:</b> .....	<b>Centre Chop:</b> .....

**Kingmed Lab Specimen are Collected at Medical Centre**  
 金域化驗樣本已於醫務中心收取 (盈健 / 優越 / 健滙醫務中心) Specimen Collection Date & Time: .....

Blood: ..... 
  Urine: ..... 
  Stool: ..... 
  Others: .....

Kowloon 九龍	Details	Payment Method
<b>尖沙咀 IMPACT 健柏</b> Shop 102B, 1/F, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kowloon 九龍尖沙咀梳士巴利道3號星光行 1樓102B號舖 Tel: 3628 9682 Fax: 3628 9668 Mon - Fri: 8:30am - 6:30pm Sat: 8:30am - 1:30pm Sun & PH: Closed	<input type="checkbox"/> URINE / STOOL / BLOOD <input type="checkbox"/> ECG <input type="checkbox"/> HEALTH CHECK PLAN <input type="checkbox"/> DEXA <input type="checkbox"/> GENERAL X-RAY: <input type="checkbox"/> FIBROSCAN <input type="checkbox"/> WET FILM <input type="checkbox"/> RISK SCREENING: <input type="checkbox"/> STROKE <input type="checkbox"/> DEMENTIA <input type="checkbox"/> SLEEP TEST [RING] <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> 2D MAMMOGRAM <input type="checkbox"/> 3D MAMMOGRAM  <input type="checkbox"/> TREADMILL <input type="checkbox"/> ECHO <input type="checkbox"/> EYE TESTS: .....	<input type="checkbox"/> 於醫務中心付款 <input type="checkbox"/> 於健柏付款   <input type="checkbox"/> 於醫務中心付款
<b>旺角 IMPACT 健柏</b> Room 712, 7/F, Office Tower One, Grand Plaza, 625 & 639 Nathan Road, Mong Kok, Kowloon 九龍旺角彌敦道625及639號 雅蘭中心辦公樓一期7樓712室 Tel: 2397 2111 Fax: 2397 2112 Mon - Sat: 9:00am - 6:30pm Sun & PH: Closed	<input type="checkbox"/> URINE / STOOL / BLOOD <input type="checkbox"/> ECG <input type="checkbox"/> HEALTH CHECK PLAN <input type="checkbox"/> DEXA <input type="checkbox"/> GENERAL X-RAY: <input type="checkbox"/> WET FILM <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> FNA <input type="checkbox"/> BIOPSY <input type="checkbox"/> 2D MAMMOGRAM <input type="checkbox"/> CT: / <input type="checkbox"/> MRI: <input type="checkbox"/> PLAIN <input type="checkbox"/> PLAIN + CONTRAST <input type="checkbox"/> +/- CONTRAST	<input type="checkbox"/> 於醫務中心付款 <input type="checkbox"/> 於健柏付款
<b>尖沙咀 WeHealth 眾健</b> Shop 105B, 1/F, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kowloon 九龍尖沙咀梳士巴利道3號星光行 1樓105B號舖 Tel: 2111 0898 Fax: 2111 0816 Mon - Fri: 8:00am - 6:00pm Sat: 8:00am - 1:30pm Sun & PH: Closed	<b>*請填眾健轉介表格 (E-form: WH327)</b> <input type="checkbox"/> GASTROSCOPY <input type="checkbox"/> COLONOSCOPY <input type="checkbox"/> GASTROSCOPY & COLONOSCOPY <input type="checkbox"/> CYSTOSCOPY <input type="checkbox"/> OTHERS: .....  <b>Procedure (Optional) :</b> <input type="checkbox"/> POLYPECTOMY & BIOPSY	<input type="checkbox"/> 於醫務中心付款 <input type="checkbox"/> 於眾健付款   <input type="checkbox"/> 餘額於眾健付款 (如適用)

<b>Kowloon 九龍</b>		<b>Details</b>	<b>Payment Method</b>
<p><b>觀塘</b> <u>KingMed金域化驗所(觀塘)</u> 15/F, Rykadan Capital Tower, 135 Hoi Bun Road, Kwun Tong, Kowloon 香港九龍觀塘海濱道135號 宏基資本大廈15樓 Tel: 2919 7222 Fax: 2997 0799 Mon-Fri: 9:00am - 1:00pm / 2:00pm - 8:30pm Sat: 9:00am - 1:00pm / 2:00pm-6:00pm Sun &amp; PH: Closed</p>	<input type="checkbox"/> SEMEN		<input type="checkbox"/> 於醫務中心付款
<b>Hong Kong Island 香港島</b>		<b>Details</b>	<b>Payment Method</b>
<p><b>銅鑼灣</b> <u>KingMed金域特約中心 - EPIC</u> Room 2110, 21/F, East Point Centre, 555 Hennessy Road, Causeway Bay 銅鑼灣軒尼詩道555號東角中心21樓10室 Tel: 2555 2238 Fax: 2555 0055 Mon-Fri: 9:00am - 1:00pm / 2:00pm - 6:00pm Sat: 9:00am - 1:00pm / 2:00pm-5:00pm Sun &amp; PH: Closed</p>	<input type="checkbox"/> URINE / STOOL / BLOOD <input type="checkbox"/> HEALTH CHECK PLAN <input type="checkbox"/> GENERAL X-RAY: <input type="checkbox"/> WET FILM <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> ECG <input type="checkbox"/> 2D MAMMOGRAM <input type="checkbox"/> DEXA		<input type="checkbox"/> 於醫務中心付款
<p><b>中環</b> <u>KingMed金域化驗所(中環)</u> Room 302, 3/F, Properous Building, 48-52 Des Voeux Road Central, Central 中環德輔道中48-52號裕昌大廈3樓302室 Tel: 2522 1537 Fax: 2526 9448 Mon-Fri: 9:00am - 1:00pm / 2:00pm-6:00pm Sat: 9:00am - 1:00pm / 2:00pm-5:00pm Sun &amp; PH: Closed</p>	<input type="checkbox"/> URINE / STOOL / BLOOD <input type="checkbox"/> SEMEN		<input type="checkbox"/> 於醫務中心付款
<p><b>中環</b> <u>Hong Kong Integrated Diagnostic Imaging Centre</u> <u>香港綜合影像診斷中心</u> 3/F., Champion Tower, 3 Garden Road, Central, Hong Kong 香港中環花園道3號冠君大廈3樓全層 Tel: 3700 6800 Fax: 3108 9130 Mon-Fri: 9:00am - 5:00pm Sat: 9:00am - 12:00pm Sun &amp; PH: Closed</p>	PET-CT: <input type="checkbox"/> FDG <input type="checkbox"/> PLAIN <input type="checkbox"/> PLAIN + CONTRAST <input type="checkbox"/> PSMA		<input type="checkbox"/> 於醫務中心付款
<b>New Territories 新界</b>		<b>Details</b>	<b>Payment Method</b>
<p><b>荃灣</b> <u>KingMed金域特約中心- MDL</u> Room 813, 8/F, Nan Fung Centre, 264-298 Castle Peak Road-Tsuen Wan, Tsuen Wan 荃灣青山道264-298號南豐中心8樓813室 Tel: 2919 7250 Fax: 2919 5349 Mon-Fri: 9:00am - 1:00pm / 2:00pm-6:00pm Sat: 9:00am - 1:00pm / 2:00pm-5:00pm Sun &amp; PH: Closed</p>	<input type="checkbox"/> URINE / STOOL / BLOOD <input type="checkbox"/> SEMEN <input type="checkbox"/> HEALTH CHECK PLAN <input type="checkbox"/> GENERAL X-RAY: <input type="checkbox"/> WET FILM <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> 2D MAMMOGRAM <input type="checkbox"/> ECG		<input type="checkbox"/> 於醫務中心付款