



### PATIENT INFORMATION

Dr. Ref. No.: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Name: \_\_\_\_\_ HKID: \_\_\_\_\_ Sex / Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Tel: \_\_\_\_\_ LMP: \_\_\_\_\_ Height & Weight: \_\_\_\_\_ cm \_\_\_\_\_ kg  
 History of allergy, asthma, diabetes, renal or cardiac disease: \_\_\_\_\_  
 Clinical Information : \_\_\_\_\_

### REFERRING DOCTOR INFORMATION

Name & Address (Chops & Signature)	<u>PAYMENT</u>	<u>REPORT</u>	<u>DOCTOR'S REMARKS</u>
	<input type="checkbox"/> Cash payment <input type="checkbox"/> On account	<input type="checkbox"/> Send to Dr's clinic <input type="checkbox"/> Collect by patient	<input type="checkbox"/> No beta blocker <input type="checkbox"/> Check RFT ___ <input type="checkbox"/> Others: _____

### IMAGING & CARDIOLOGY TEST

- C.T. Scan
 

<input type="checkbox"/> plain	<input type="checkbox"/> plain & contrast	<input type="checkbox"/> CD required
<input type="checkbox"/> contrast only	<input type="checkbox"/> optional with contrast	(C. injected: _____ ml)
- X-Ray
 

<input type="checkbox"/> report to Dr.	<input type="checkbox"/> wet film
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- Ultrasound
 

<input type="checkbox"/> + FNA	<input type="checkbox"/> + Biopsy
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- Mammogram / DEXA
- Cardiovascular
 

<input type="checkbox"/> E.C.G. <input type="checkbox"/> 2D Echocardiography <input type="checkbox"/> Treadmill <input type="checkbox"/> Other Test _____	<input type="checkbox"/> 24 Hour Ambulatory ECG (Holter) <input type="checkbox"/> 2D Echocardiography + Carotid Intimal Thickness <input type="checkbox"/> Cardiac Event Recorder for _____ week(s) <input type="checkbox"/> 24 Hour Ambulatory Blood Pressure Monitor
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### LABORATORY TEST

Fasting     Random

CHEMICAL PATHOLOGY	HAEMATOLOGY	IMMUNOLOGY / VIROLOGY	Office Use		
<input type="checkbox"/> LFT <input type="checkbox"/> Bilirubin (T&D) <input type="checkbox"/> Albumin <input type="checkbox"/> AST/SGOT <input type="checkbox"/> Protein, Total <input type="checkbox"/> ALT/SGPT <input type="checkbox"/> A/G Ratio <input type="checkbox"/> Alk. Phos. <input type="checkbox"/> GGT	<input type="checkbox"/> CBP <input type="checkbox"/> ESR <input type="checkbox"/> APTT <input type="checkbox"/> INR (PT) <input type="checkbox"/> ABO & Rh <input type="checkbox"/> D-Dimer <input type="checkbox"/> Hb Pattern (w/CBP & Iron)	<input type="checkbox"/> AFP <input type="checkbox"/> CEA <input type="checkbox"/> EBV Ab (NPC) <input type="checkbox"/> CA125 <input type="checkbox"/> CA15-3 <input type="checkbox"/> CA19-9 <input type="checkbox"/> CA72-4 <input type="checkbox"/> Total PSA <input type="checkbox"/> Free/Total PSA R. <input type="checkbox"/> ANA / ANF <input type="checkbox"/> CRP <input type="checkbox"/> RA <input type="checkbox"/> HAV Ab IgG <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAb <input type="checkbox"/> HCV Ab <input type="checkbox"/> TSH <input type="checkbox"/> RPR (VDRL) <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> HIV Ab & P24 <input type="checkbox"/> Total T3 <input type="checkbox"/> Total T4 <input type="checkbox"/> Anti-Tg <input type="checkbox"/> Anti-TPO	CT		
<input type="checkbox"/> RFT <input type="checkbox"/> Urea <input type="checkbox"/> K <input type="checkbox"/> Cl <input type="checkbox"/> Creatinine <input type="checkbox"/> Na <input type="checkbox"/> CO2	<b>PROFILE TESTS</b> <input type="checkbox"/> Health Check-up profile : ( Complete / Standard / General ) <input type="checkbox"/> Allergy Profile ( South China ) <input type="checkbox"/> Cancer Marker Profile ( F / M ) <input type="checkbox"/> Hepatitis B Pre-vaccination <input type="checkbox"/> Hepatitis A & B Pre-vaccination <input type="checkbox"/> Thyroid Function Tests	<input type="checkbox"/> Urine Routine <input type="checkbox"/> Stool Routine <input type="checkbox"/> Urine Culture & ST <input type="checkbox"/> Stool Culture & ST <input type="checkbox"/> Urine uAlb/Crea Ratio <input type="checkbox"/> Stool OB	XR		
<input type="checkbox"/> Lipid Profile <input type="checkbox"/> Total Chol. <input type="checkbox"/> HDL-Chol. <input type="checkbox"/> Triglycerides <input type="checkbox"/> LDL-Chol.(direct)	<b>OTHER TESTS</b>		US		
<input type="checkbox"/> Glucose <input type="checkbox"/> Iron <input type="checkbox"/> Ferritin <input type="checkbox"/> Calcium <input type="checkbox"/> HbA1c <input type="checkbox"/> TIBC <input type="checkbox"/> Phosphorus <input type="checkbox"/> Vit.D, Total <input type="checkbox"/> CK/CPK <input type="checkbox"/> Uric acid			MM		
			DX		
			ECG		
			CV		
			LAB		