

EXACT EXACT Endoscopy & Diagnostic Centre

精確內視鏡及診斷中心

網域 Website: <http://www.exactlab.com>
 電郵 E-mail: exactlab@gmail.com

TST Suite 201-203, 2/F., H. K. Pacific Centre, 28 Hankow Road, T.S.T.
 九龍尖沙咀漢口道28號亞太中心二樓201-203室
 Tel: 2721-9689 Fax: 2721-9687

MK Suite 802, 8/F., 700 Nathan Road, Mongkok, Kln.
 九龍旺角彌敦道700號八樓802室
 Tel: 2367-9339 Fax: 2367-9337

No.

Date:

Patient's Name

Clinical Diagnosis:

Tests Required:

Lab#

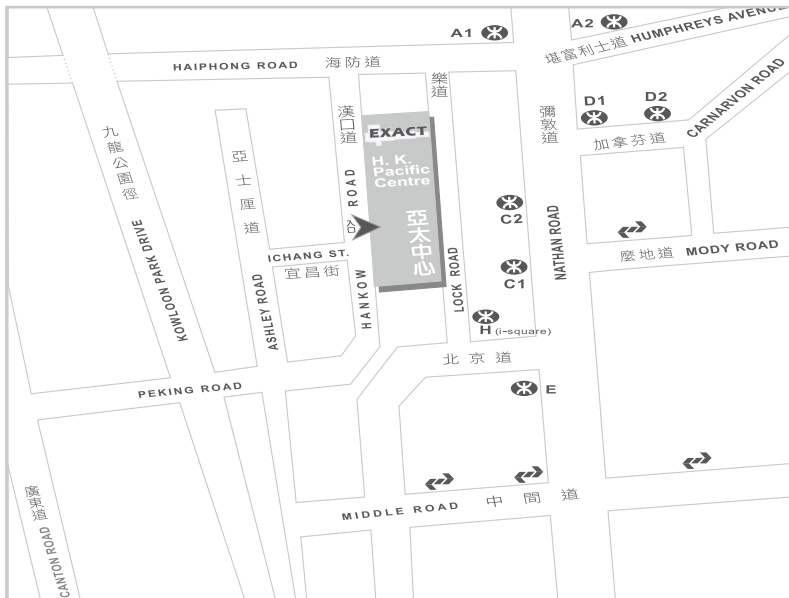
姓名 Name:	中文名:	轉介人 Referred by:
性別 Gender:	年齡 Age:	診所號碼 Clinic ref. no.:
出生日期 D.O.B.:	身分證/護照號碼 H.K. I.D. no.:	Request Date:
/ Passport no.		付款方式 Payment: <input type="checkbox"/> In Lab / Centre \$
		<input type="checkbox"/> On Referral A/C (Signature)
		<input type="checkbox"/> On Med. Insurance A/C (Card no#)

ENDOSCOPY	Office use only
<p><u>Examination</u></p> <p><input type="checkbox"/> GASTROSCOPY OGD (CLOtest included) Time 時間 Date 日期</p> <p><input type="checkbox"/> Endoscopic Biopsy for histopathology (Please arrive 15 minutes earlier. 請提早十五分鐘到達)</p> <p><input type="checkbox"/> COLONOSCOPY Clinical diagnosis</p> <p><input type="checkbox"/> Polypectomy + Histopathology (optional)</p> <p><input type="checkbox"/> SIGMOIDOCOPY Clinical diagnosis</p> <p><input type="checkbox"/> Polypectomy + Histopathology (optional)</p> <p>Doctor's Signature:</p>	<p><u>Medication:</u></p> <p><input type="checkbox"/> Domicum ____ <input type="checkbox"/> Diazemuls ____ <input type="checkbox"/> Anexate ____</p> <p><input type="checkbox"/> Pethidine ____ <input type="checkbox"/> Fentanyl ____ <input type="checkbox"/> Narcan ____</p> <p><input type="checkbox"/> Adrenaline 1:10000 ____ <input type="checkbox"/> Others ____</p> <p><u>Equipments:</u></p> <p><input type="checkbox"/> Polypectomy by Forceps ____ Bottles <input type="checkbox"/> Biopsy ____ Bottles</p> <p><input type="checkbox"/> Polypectomy by Snare ____ Bottles <input type="checkbox"/> Injection needle ____</p> <p><input type="checkbox"/> Hot Biopsy Forceps ____ <input type="checkbox"/> Haemoclips ____</p> <p><input type="checkbox"/> Banding (Haemoband) ____ <input type="checkbox"/> Banding (Klloid) ____</p> <p><input type="checkbox"/> DVD ____ <input type="checkbox"/> Others ____</p>

TST CENTRE MISCELLANEOUS (For Booking, please call: 2721 9689)

LIVER STIFFNESS LIVER STIFFNESS + LIVER STEATOSIS

OTHER TESTS (SPECIAL REQUEST)



▶ **TSIM SHA TSUI 尖沙咀**

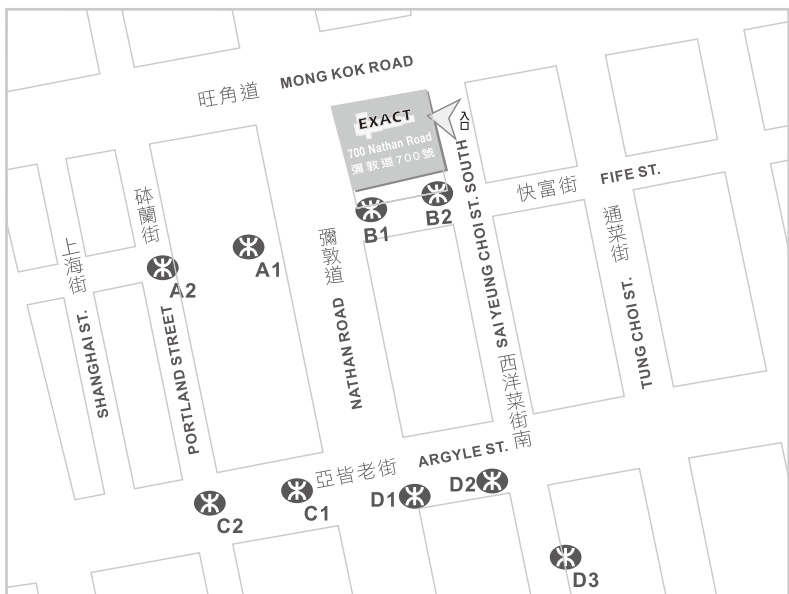
Suite 201-203, 2/F., H. K. Pacific Centre,
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Tsimshatsui, Kowloon
九龍尖沙咀漢口道28號亞太中心二樓201-203室

☎ : 2721-9689 Fax: 2721-9687

Mon. - Fri. 9:00 am - 1:30 pm & 2:30 pm - 6:00 pm
星期一至五 早上九時至下午一時半及下午二時半至六時

Saturday 9:00 am - 1:30 pm & 2:30 pm - 5:00 pm
星期六 早上九時至下午一時半及下午二時半至五時

Sunday & Public Holiday Closed
星期日及公眾假期 休息



▶ **MONG KOK 旺角**

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700 Nathan Road, Mongkok, Kln.
九龍旺角彌敦道700號八樓802室

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星期一至五 早上九時至下午一時半及下午二時半至六時

Saturday 9:00 am - 1:30 pm
星期六 早上九時至下午一時半

Sunday & Public Holiday Closed
星期日及公眾假期 休息