



REQUEST FOR CT Examination

Tel: **705-327-9127** Fax: **705-330-3224**

• BY APPOINTMENT ONLY •

PATIENT INFORMATION	MRN N°	APPOINTMENT DATE:	TIME:
<input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT <input type="checkbox"/> ER		ARRIVAL TIME:	

Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (D/M/Y)	Health Card N°	WSIB N°
		3rd Party Ins. N°

Address		
City	Postal Code	Contact Number

OK to leave voice mail message

Patient is able to give consent for this procedure: Yes No Does the patient have a glucose monitoring device? Yes No

If patient unable to give consent, please ensure SDM attends with the patient and has appropriate documentation.

SDM Name: _____ SDM Contact Information: _____

Patient requires assistance to complete this imaging exam, e.g. mobility, translation Please Specify: _____

- Examination**
- HEAD
 - NECK
 - C-SPINE
 - CHEST
 - ABDOMEN
 - PELVIS
- EXTREMITY: _____
 - VIRTUAL COLONOSCOPY
Must be ordered by a surgeon.
 - ENTEROGRAPHY
 - STROKE
 - SPINE: LEVEL _____

CLINICAL DATA/ DIAGNOSIS:

IF THIS SECTION IS NOT COMPLETE, REQUISITION WILL BE RETURNED TO THE ATTENDING PHYSICIAN.

1. ARE THERE ANY CONTRAINDICATIONS TO IV CONTRAST? (i.e. allergy, Metformin, renal/heart disease)

2. (a) **RENAL FUNCTION ASSESSMENT (please check appropriate box)**

- Hx of Renal Disease
- Chemotherapy
- Hypertension
- Cirrhosis
- On Dialysis
- Vascular Disease
- Over 70 years
- Stroke
- Gout
- Diabetes

(b) If YES to any of the above, we require a current creatinine/eGFR in the last 6 months.

CREATININE LEVEL: CR _____ **eGFR** _____ **DATE:** _____

Patient has NONE of the risk factors

FOR DEPARTMENT USE ONLY

EXAMINATION/ SPECIAL INSTRUCTIONS:	PRIORITY: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4
Radiologist Signature:	

Physician's Name <small>(Please PRINT clearly)</small>	CPSO#	
Phone		

**INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITIONS
WILL BE RETURNED.**

Physician's Signature