

Request for Interventional Procedure

170 Colborne St. West, Orillia, ON L3V 2Z3 Tel: 705-327-9127

 Fax: **705-330-3224** (By Appointment Only)

PATIENT INFORMATION		MRN No.		APPOINTMENT DATE:		TIME:	
<input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT <input type="checkbox"/> ER		ARRIVAL TIME:					
Last Name				First Name			
Date of Birth (d/m/y)		<input type="checkbox"/> M <input type="checkbox"/> F		Health Card No.		WSIB No.	
		3rd Party Ins. No.					
Address							
City		Postal Code		Contact Number		<input type="checkbox"/> OK to leave voice mail message	

PROCEDURE REQUESTED:**RELEVANT CLINICAL HISTORY:****IF URGENT, PLEASE CONTACT RADIOLOGIST**

RELEVANT IMAGING / REPORTS	<input type="checkbox"/> OSMH <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER → Specify Location: _____
PATIENT ANTICOAGULATED	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> YES → Specify Medication: _____
ALLERGY TO CONTRAST MEDIA	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> YES → Specify Allergy: _____
RENAL DYSFUNCTION	<input type="checkbox"/> NO <input type="checkbox"/> YES	
DIABETIC ON METFORMIN	<input type="checkbox"/> NO <input type="checkbox"/> YES	

RADIOLOGIST USE	FOR DEPARTMENT USE ONLY
BOOKING PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 DAY SURGERY <input type="checkbox"/> YES <input type="checkbox"/> NO CONSCIOUS SEDATION <input type="checkbox"/> YES <input type="checkbox"/> NO LABS NEEDED <input type="checkbox"/> INR <input type="checkbox"/> PTT <input type="checkbox"/> CBC <input type="checkbox"/> Creatinine	PRIORITY: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 MODALITY _____ Radiologist Signature: _____

ADDITIONAL INSTRUCTIONS:**PHYSICIAN INFORMATION**

Physician's Name (Please PRINT clearly)		OFFICE STAMP:
Address/Phone	CPSO#	
Physician's Signature X		

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