



# London Health Sciences Centre

## CT REQUISITION

**University Hospital Bookings**

Telephone: 519-663-3212  
Fax: 519-663-3034

**Victoria Hospital Central Bookings**

Telephone: 519-685-8770  
Fax: 519-667-6826

### PATIENT INFORMATION: (Plate)

Name: \_\_\_\_\_

PIN#: \_\_\_\_\_

DOB: \_\_\_\_\_

HC#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### PHYSICIAN INFORMATION:

Print Name (with initials): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

INPATIENT

OUTPATIENT

### WSIB:

Claim Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer Address: \_\_\_\_\_

3rd PARTY / INSURANCE

### EXAMINATION REQUESTED: \_\_\_\_\_

**Clinical Problem:** (must be entered) \_\_\_\_\_

\_\_\_\_\_

### All of the following questions must be completed before the CT will be booked.

- 1. (a) Does the patient have a history of impaired renal function, or are they currently on dialysis?  Yes  No
  - (b) Does the patient have hypertension?  Yes  No
  - (c) Does the patient have diabetes or are they over 70 years of age?  Yes  No
  - (d) Does the patient have a medical condition predisposing them to nephrotoxicity?  Yes  No
- Please list: \_\_\_\_\_

***If you answered yes to any of the items in Question 1 and your patient requires/or may require IV contrast, a recent creatinine and/or eGFR must be forwarded with the requisition.***

**Creatinine:** \_\_\_\_\_ **or eGFR:** \_\_\_\_\_ **Date (YYYY/MM/DD):** \_\_\_\_\_

- 2. Is the patient on any diabetes medications containing Metformin?  Yes  No
- 3. Is the patient allergic to radiographic IV contrast?  Yes  No
- 4. Patient's weight: \_\_\_\_\_ lb/kg
- 5. Has patient had any previous exams relevant to this study?  Yes  No  
If yes, what and where: \_\_\_\_\_

### 6. Are you requesting a timed follow-up procedure (eg. 6 month follow-up)?

If yes, date requested (YYYY/MM/DD): \_\_\_\_\_

**CT Exam Date (YYYY/MM/DD):** \_\_\_\_\_

### -- RADIOLOGY USE ONLY --

#### Booking Priority:

- 1 Emergency <12 hour
- 2 Urgent
- 2T Urgent/Timed
- 3 Semi Urgent
- 3T Semi Urgent/Timed
- 4 Non Urgent
- 4T Non Urgent/Timed

#### Protocol:

- IV
- Oral
- Rectal
- NPO