



CT REQUISITION

Bookings:

Telephone: 519-646-6044
Fax: 519-646-6204

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. Is the patient allergic to radiographic IV contrast? Yes No
2. (a) Is there a history of renal impairment or nephrectomy? Yes No
(b) Is the patient currently on dialysis? Yes No
(c) Is the patient over 70 years old? Yes No
(d) Is the patient on any medications for diabetes? Yes No
If yes, do they take medication called Metformin, Glucophage or Avandamet? Yes No
(e) Does the patient have other medical conditions or take any medications that may predispose to nephrotoxicity? Yes No

Please list: _____

If you answered yes to any of the items in Question 2 and your patient requires/or may require IV contrast, a recent creatinine (<2 months) must be forwarded with the requisition.

Creatinine: _____ **Date (YYYY/MM/DD):** _____

3. Patient's weight: _____ lb/kg
4. Is there a history of pheochromocytoma, multiple myeloma or heart disease? Yes No

Please list: _____

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): _____

If no, how would you rate the urgency or relative priority of this patient: (circle one)

10 9 8 7 6 5 4 3 2 1
Not Urgent At All Extremely Urgent

CT Exam Date (YYYY/MM/DD): _____

-- RADIOLOGY USE ONLY --

Booking Priority:

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

Protocol:

IV
 Oral
 Rectal
 NPO