



S1043

**OUTPATIENT REQUISITION
INTERVENTIONAL AND BIOPSY**

St. Joseph's Health Centre
Diagnostic Imaging Department
30 The Queensway, Toronto ON

Bookings Only: 416-530-6169
General Calls: 416-530-6001
Fax Line: 416-530-6060

Name: _____

Male Female

MRN: _____

DOB: _____

Address: _____

Telephone: _____

OHIP #: _____

INCOMPLETE FORMS WILL BE RETURNED AND NOT BE PROCESSED

EXAMINATION(S) REQUESTED:



Study Priority: STAT (Call to IR Radiologist) Today Urgent (1-2 days) Routine
Current Patient Location : Outpatient Hemo Oncology ACC Clinic

CLINICAL HISTORY **Isolation Precautions:** N/A Contact Droplet Airborne Reverse
Allergy to Intravenous Contrast: NO YES (If yes, contact DI for pre-medication)

INTERVENTIONAL PROCEDURE / BIOPSY (excluding Breast, Thyroid, Prostate and Superficial Biopsies)

CBC, INR, and PTT within the last 28 days are required.

RESULTS: Platelets: _____ INR: _____ PTT: _____ Date of Labwork: _____

RESULTS ON SUNRISE: YES NO Outside Lab (Lab Name): _____

ORDERING PHYSICIAN: Advise the patient of (or write order for) the instructions on PAGE 2 (on the BACK of this page).



ADDITIONAL INFORMATION

Falls Risk Lifting Device Required Patient with Restraints (must be accompanied)
Date of Last Menstrual Period: _____ N/A
Does Patient Consent to Appointment Information Being Disclosed in a Telephone Message? Yes No
Is Patient Able to Come in on Short Notice? Yes No
Contact Telephone Number (if different from above): _____

Physician Name: _____ Telephone Number: _____

Physician Speciality: _____ Pager Number: _____

Address: _____ Fax: _____

City: _____ Postal Code: _____ Copies to: _____





DATE	TIME (24 h)	SIGNATURE
DD / Month / YYYY	: h	



(DO NOT FAX/SEND THIS PAGE TO DIAGNOSTIC IMAGING)

INTERVENTIONAL INSTRUCTIONS FOR ORDERING PHYSICIANS

Please advise patient of (or write order for) the following instructions*:

- **Acetylsalicylic Acid (Aspirin[®])** – Stop taking **5 days** before (renal biopsy, prostate biopsy, biliary. Intervention, and nephrostomy only). 
- **Clopidogrel (Plavix[®])** – Stop taking **7 days** before procedure.
- **Pentoxifylline (Trental[®])** – Stop taking **24 hours** before procedure.
- **Coumadin (Warfarin[®])** – Stop taking **5 days** before procedure (excluding breast biopsy).
- **Low Molecular Weight Heparin** – Stop taking **24 hours** before procedure.
- **Heparin** – Stop taking **4 hours** before procedure. 

*** If there are contraindications to these instructions, please notify the Radiologist.**

