

Medical Imaging

30 Bond Street, Toronto, ON, M5B 1W8 3rd Floor, Cardinal Carter Wing Website- http://bit.ly/2ucQCPA

CT Requisition

Fax 416-864-3019 Tel. 416-864-5656 FOR MI OFFICE USE ONLY

Exam Date: _____

Arrival Time: _ Exam Time: _

A. PATIENT INFORMATION				
MRN DOB YYYY	//MM/DD		Health Card #: Version Code:	_
Last Name			Self Pay 🔲 IFH 🗌 WSIB Claim #:	
First Name			Female	
Street Address		☐ Male ☐ Intersex		
City Postal Code			Transgender - Female to Male	
Province Country			☐ Transgender - Male to Female ☐ Please Specify	
Interpreter: Language			Patient Consents to leave message 🗌 Yes 🗌 No	
Restricted Mobility, Please describe needs		MOBILE:		
			НОМЕ:	
□ Isolation		WORK:		
B. EXAM INFORMATION				
EXAM REQUESTED:		DATE OF REQUEST: YYYY/MM/DD		
CLINICAL INFORMATION: (be specific)				
or the order of the specific)				
C. MEDICAL HISTORY **MANDATORY FOR ALL	CONTRAS	T CT EXAMS	S - INCOMPLETE REQUESTS WILL BE RETURNED**	
C. MEDICAL HISTORY **MANDATORY FOR ALL Is the patient pregnant? YES NO	CONTRAS	T CT EXAMS	S - INCOMPLETE REQUESTS WILL BE RETURNED** Patient Height: Patient Weight:	
Is the patient pregnant? YES NO If the answer is YES to any of the questions bel	ow, a serur	n	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs?	
Is the patient pregnant? YES NO	ow, a serur avoid canc	n ellation.	Patient Height: Patient Weight:	
Is the patient pregnant? YES NO If the answer is YES to any of the questions bel Creatinine/eGFR MUST be provided in order to	ow, a serur avoid canc	n ellation.	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs?	 3)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bel Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months	ow, a serur avoid canc prior to sc	n ellation. an date.	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO	3)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems?	ow, a serur avoid canc prior to sc	n ellation. an date.	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOST)	5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to	ow, a serur avoid canc prior to sc YES	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR:	3)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist?	ow, a serur avoid cance prior to sc YES YES YES	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy	<u></u> Э)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY	ow, a serur avoid cance prior to sc YES YES YES	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan	5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast mediation	ow, a serur avoid canc prior to sc YES YES	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy	5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast mediation YES NO	ow, a serur avoid canc prior to sc ⊻YES ∵YES ? nere →	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan	 5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast media? YES NO ****If yes, please follow the pre-medication protocol been	ow, a serur avoid canc prior to sc ⊻YES ∵YES ? nere →	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan	 5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast mediated if yes, please follow the pre-medication protocol for the	ow, a serur avoid canc prior to sc ⊻YES ∵YES ? nere →	n ellation. an date. D NO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan 2. Benadryl 50mg PO - 1hr before scan	5)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast mediated if yes, please follow the pre-medication protocol for the	ow, a serur avoid canc prior to sc ⊻YES ∵YES ? nere →	n ellation. an date. ONO ONO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan 2. Benadryl 50mg PO - 1hr before scan	 S)
Is the patient pregnant? YES NO If the answer is YES to any of the questions bell Creatinine/eGFR MUST be provided in order to Creatinine result must be from within 6 months 1. Does the patient have kidney problems? 2. Does the patient have a kidney transplant? 3. Has the patient seen or been referred to urologist or nephrologist? D. CONTRAST ALLERGY Is the patient allergic to iodinated IV contrast media? YES NO ****If yes, please follow the pre-medication protocol for E. ORDERING PHYSICIAN INFORMATION & SIG Ordering Physician Name (please print):	ow, a serur avoid canc prior to sc YES YES YES Prere → NATURE	n ellation. an date. ONO ONO	Patient Height: Patient Weight: Does the patient have HHT or history of Pulmonary AVMs? YES NO BLOODWORK (RESULTS MUST BE WITHIN 6 MOS Creatinine: eGFR: Date: Pre-medication Instructions for IV Contrast Allergy 1. Prednisone 50mg PO - 13hrs, 6 hrs and 1hr before scan 2. Benadryl 50mg PO - 1hr before scan	5)