

Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

## Interventional Radiology Requisition

 OUT-PATIENT     IN-PATIENT     ED PATIENT

Patient Name: <i>(print first, last)</i> _____		Appointment Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Address: _____	Street Number + Name _____	Apartment _____
City _____	Province _____	Postal Code _____
Health Card Number: _____	Version Code: _____	Appointment Time: _____
Other Insurance: _____	WSIB Number: _____	Arrival Time: _____
Home: (    )	Work/Other: (    )	Hospital Record #: _____
		Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
		Patient Weight: _____ kg

 Patient not available: From: dd / mm / yy To: dd / mm / yy Reason: \_\_\_\_\_

**\*PROCEDURE REQUEST:**
**\*RELEVANT CLINICAL INFORMATION:** *(must be provided and please be specific)*
**\* PERI-PROCEDURE ANTICOAGULATION/ANTIPLATELET DISCONTINUATION:**

Referring physician is responsible for ensuring patient receives appropriate instructions on any necessary discontinuation of anticoagulation/antiplatelet pre-procedurally as per Diagnostic Imaging Guidelines on Discontinuation of Anticoagulants/Antiplatelets Associated Document on page 2 of this form. If it is deemed inappropriate or unsafe to discontinue anticoagulation/antiplatelet therapy, please consult Interventional Radiology at 905-895-4521 ext. 2384

 Patient is on the following anticoagulant: \_\_\_\_\_ and will hold \_\_\_ day(s) prior to procedure

 Patient is on the following antiplatelet: \_\_\_\_\_ and will hold \_\_\_ day(s) prior to procedure

 NKA     ALLERGIES:

**\*An incomplete requisition will cause a delay in service to your patient.**

- The patient may need to attend a pre-op clinic visit prior to their scheduled interventional procedure.
- Please attach most recent blood work, which must include the following: CBC, PTT, INR, Creatinine / eGFR.
- Please provide patient with blood work requisition. This blood work must be completed within thirty (30) days prior to their scheduled appointment date. Fax these results to the Diagnostic Imaging Department (905) 830-5966 prior to the procedure date.
- Please attach all relevant imaging reports and/or outside imaging CDs.  No reports to attach     Reports attached
- Patient Handout available on the Diagnostic Imaging website to be provided for outpatients.

**BY SIGNING THIS REQUISITION, I CONFIRM THAT THIS PATIENT IS AWARE OF THIS PROCEDURE AND HAS BEEN PROVIDED WITH ALL APPROPRIATE INSTRUCTIONS, INCLUDING MEDICATION INSTRUCTIONS, TO PREPARE FOR THE PROCEDURE**

Referring Physician: <i>(print first, last)</i> _____		Date: <u>dd</u> / <u>mm</u> / <u>yy</u>
Signature: _____	CPSO # _____	Office Phone: (    ) _____
Address: _____		Fax Number: (    ) _____
<b>CLINIC USE ONLY</b>		Date Received: <u>dd</u> / <u>mm</u> / <u>yy</u>

## ***Patient Preparation and Information***

### **PATIENT PREPARATION:**

1. All patients will have pre-procedural blood work done prior to procedure – obtain a requisition from your physician. Blood work should be done no more than 7 days prior to procedure.
2. Please review ALL of your medications with your physician or health care provider.
3. Blood thinning medications may need to be held prior to the procedure. Consult with your physician or health care provider.
4. Bring all your medications with you on the day of your pre-op visit and/or procedure.
5. Patients should not have anything to eat or drink for at least 4 hours prior to procedure unless otherwise instructed.  
\*\*\* Do not take diabetic medications. Take all other regular medications with sips of water. \*\*\*
6. All patients must have a responsible adult drive them home following the procedure unless otherwise instructed.

**Incomplete preparation will usually require rescheduling of your procedure / treatment.**

### **PATIENT INFORMATION:**

- **Bring your Ontario Health Card.**
- Upon arrival you are required to register for your appointment at the East Welcome Centre and then you will be given directions on where to proceed to next.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.
- Depending on the type of procedure you are scheduled for, you may be required to be at the hospital for up to eight (8) hours. This time includes preparation time, procedure time, and recovery time.