	<b>SOUTHLAKE</b>
	REGIONAL HEALTH CENTRE

596 Davis Drive Newmarket, ON L3Y 2P9

## Diagnostic Imaging - FAX: 905-830-5966

Health Record #:	omplete or place barcoded		
Patient Name: (Print first, last)		patient	label here
DOB: <u>dd / mm / уу</u>	Age:	🗖 Female	🗖 Male
OHIP #:	Version Code		
Phone #:			

# **CT Requisition**

## □ OUT-PATIENT □ IN-PATIENT □ ED PATIENT □ ED CALLBACK

Patient Name: (print first, last)		Appointment Date: <u>dd</u> / mm / yy
Address: Street Number + Name	Apartment	Appointment Time:
City Province	Postal Code	Arrival Time:
Health Card Number:	Version Code:	Hospital Record #:
Other Insurance: WSIB Numb		Date of Birth://
Home: ( ) Work/Other	:( )	Patient Weight: kg
Patient not available: From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> /	mm yy	RENAL FUNCTION ASSESSMENT
Area to be scanned:		(please check (✓) appropriate) □ Hx of Renal Disease: Creatinine= obtained on _dd /mm /_yy
Clinical Question:	ED USE ONLY:	eGFR=
	suspected appendicitis	□ On Dialysis: Does the patient make greater than 100ml of urine per day? □ Yes □ No
RELEVANT CLINICAL INFORMATION:	pancreatitis	Acute Kidney Injury (AKI): for IN-patient/
(must be provided and please be specific)	BMI kg/m	ED patients only
	(must be greater than 25 kg/m <sup>2</sup> )	The patient has NONE of the above risk factors.
	Abdo/pelvis surgery in last 2 weeks:  Ves  No	Venous Access in situ: D Port D PICC
		Allergy to contrast 📮
Referring Physician: (print first, last)	CPSO #	Date: dd / mm / yy
Signature:	Office	Phone: ( )
Address:	Fax Nu	mber: ( )
RADIOLO	GIST USE ONLY	
Head 🔲 Without Contrast 📮 With Contrast	Protocol Notes:	Priority: (please circle)
Neck 🔲 Without Contrast 📮 With Contrast	With Oral Contrast	1 2 3 4
Thorax 🔲 Without Contrast 📮 With Contrast	_	Is this a specified date (timed) procedure?
Abdomen 🔲 Without Contrast 📮 With Contrast		If yes, specify date:
Pelvis 🛛 Without Contrast 🖵 With Contrast		
Triphasic Liver 🔲 Without Pelvis 🔲 With Pelvis		Clinical Indications for Scan:
Renal Mass 🔲 Without Pelvis 🔲 With Pelvis	-	Cancer Staging and/or Diagnosis
Pancreas 🔲 Without Pelvis 🔲 With Pelvis	-	Other Diagnosis
Facial Bones 🔲 Without Mandible 🖵 With Mandible		
Spine C-spine T-spine L-spine		
High Res Chest Inspiration Bronchiectasis Interstitial		
Thorax Aneurysm Dissection Post EVAR		
Abdomen Aneurysm Dissection Post EVAR		
Pelvis 🛛 Aneurysm 🖓 Dissection 🖓 Post EVAR	-	
Temporal Bones CT Enterography CTA Runoff	1	
Sinuses Wrist Pulmonary Angio	-	Radiologist/MRT (R): (print first, last)
Renal Colic Hip Carotid Angio		Radiologist/MRT (R) Signature:
Urogram Ankle/Foot Circle of Willis		

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**Diagnostic Imaging** 

# Patient Preparation and Information

#### Patient Preparation for CT Abdomen and/or Pelvis:

- Drink 1 litre of water 1 hour prior to scan time.
- Take medication(s) as usual.

#### **PATIENT INFORMATION:**

- Bring your Ontario Health Card.
- Upon arrival you are required to register for your appointment at one of our Welcome Centres before proceeding to Diagnostic Imaging Reception on East 2.
- If you are unable to keep your appointment, please call Patient Scheduling at 905-895-4521, ext. 2665.