SouthlakeHealth

596 Davis Drive
Newmarket, ON L3Y 2P9

Diagnostic Imaging

Referring Physician: *(print first, last)*: ______________________
CPSO# ____________ Signature: ______________________
Address: ______________________
Office Phone: ______________ Office Fax: ______________
Date: dd / mm / yy

CT Requisition

Please fax to (905) 830-5966

Patient Name: *(print first, last)*		**Date of Birth:** dd / mm / yy
Address: Street Number + Name Apartment		**Patient Weight:** ________ kg
City Province Postal Code		**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ❑ Text ❑ Email (for patient privacy information see the next page)

Patient not available: From: dd / mm / yy To: dd / mm / yy

Hoyer Lift Required? ❑ Yes ❑ No

Patient arriving by Ambulance Transfer? ❑ Yes ❑ No

Clinical Question and Relevant Clinical Information:
(must be provided and please be specific)

❑ Cancer diagnosis or staging?

EXAM REQUIRED *(check all that apply)*

Head/Neck
- ❑ Head
- ❑ Neck
- ❑ Orbits
- Sinus:
  - ❑ *Routine*
  - ❑ *Landmark (ENT)*
- Facial Bones:
  - ❑ *With Mandible*
  - ❑ *Without Mandible*
- ❑ Temporal Bone (Middle Ear) and Mastoids
- ❑ IACs (Acoustic)

Spine
- ❑ Cervical – Specify Levels: ______________
- ❑ Thoracic – Specify Levels: ______________
- ❑ Lumbar – Specify Levels: ______________
- ❑ SI Joints – Bilateral
- ❑ Sacrum and Coccyx

Cardiac
- ❑ Cardiac Calcium Score
- ❑ AV Calcium Score

For Angiography, please fill out the Coronary CT Angiogram requisition located on our website

Thorax/Abdomen/Pelvis
- ❑ Abdomen
- ❑ Thorax
- ❑ Pelvis (Soft Tissue)
- ❑ Pelvis (Bony)
- High Resolution Chest:
  - ❑ *Bronchiectasis*
  - ❑ *Interstitial*
- Kidney (Renal Mass):
  - ❑ *With Delayed Bladder*
  - ❑ *Without Delayed Bladder*
- Liver (Triphasic):
  - ❑ *Routine with Pelvis*
  - ❑ *Routine without Pelvis*
- ❑ Adrenals
- Pancreas:
  - ❑ *Routine with Pelvis*
  - ❑ *Routine without Pelvis*
- ❑ Urogram
- ❑ Renal Colic
- ❑ Enterography

Musculoskeletal

Shoulder	❑ Right	❑ Left
Elbow	❑ Right	❑ Left
Wrist	❑ Right	❑ Left
Hand	❑ Right	❑ Left
Hip	❑ Right	❑ Left
Knee	❑ Right	❑ Left
Ankle	❑ Right	❑ Left
Foot	❑ Right	❑ Left
Pelvis	❑ Right	❑ Left
Other – Specify:	❑	

Angiography
- ❑ Carotid (includes Circle of Willis)
- ❑ Circle of Willis Only
- ❑ Pulmonary Angiogram
- ❑ Renal/Mesenteric Angiogram
- ❑ Runoff

Aortogram (Aneurysm) ❑ Thoracic ❑ Abdomen ❑ Pelvis

Aortogram (Dissection) ❑ Thoracic ❑ Abdomen ❑ Pelvis

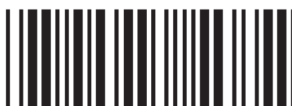
Other Request (not listed above)
Specify:

Endovascular Aneurysm Repair (EVAR)
Abdo/Pelvis: ❑ Post EVAR ❑ EVAR Leak
Thoracic: ❑ Post EVAR

Renal Function Assessment *(check appropriate)*
- ❑ History of Renal Disease:
- Creatinine= obtained on: dd / mm / yy eGFR=
- ❑ On Dialysis: does the patient make greater than 100ml of urine per day? ❑ Yes ❑ No
- ❑ Acute Kidney Injury (AKI): for IN-patient/ ED patients only
- ❑ The patient has NONE of the above risk factors
- Venous Access in situ: ❑ Port ❑ PICC
- ❑ Allergy to contrast

ED USE ONLY
Suspected
- ❑ Appendicitis
- ❑ Diverticulitis
- ❑ Pancreatitis

BMI________kg/m (must be greater than 25kg/m^2)
Abdo/pelvis surgery in the last 2 weeks: ❑ Yes ❑ No



SCT

SL0260B_01 (11/24) “Diagnostic Imaging” Review (11/27)

SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9
T: 905-895-4521
F: 905-830-5966
southlake.ca

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.

PRIVACY POLICY DOCUMENTATION
via QR code link below or via Southlake's privacy office webpage

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