CT REQUISITION

CT Department extension 2154 705-653-1140

Emergent ☐ | In Patient ☐ | Out Patient ☐

☐ Isolation Type ______________

Exam Priority

TODAY ☐	URGENT ☐	ELECTIVE ☐
	WITHIN 1 WEEK	Next Available Appt

Physician Information (Print or Imprint Below)

Name:

Billing #:

Phone #: Fax #:

Copies To:

Patient Information (Print or Place Sticker Below)

Last Name: ______________________________

First Name: ______________________________

Address: ______________________________

Address: ______________________________

City:________________ P. Code:____________

Phone:______-______-________ D.O.B. ____/____/______ Day Month Year

Health Card:

WSIB #:

Patient Information Must be Complete or Requisition will be returned

Area(s) to be Scanned

☐ **Head**	☐ **Sinus**	☐ **Neck**	☐ **Thorax**
☐ **Abdomen**	☐ **Pelvis**	☐ **Extremity** __________	
☐ **Angio**	☐ **C-Spine**	☐ **T-Spine**	☐ **L-Spine**
☐**Colonography**	☐ **Other:** ______________________		

Previous Relevant Imaging Yes ☐ No ☐ Date: ____________

Facility:

History:

Date Physician's Signature

THE HEALTH PRACTITIONER PROPOSING TREATMENT IS RESPONSIBLE FOR OBTAINING THE CONSENT TO TREATMENT

Required Information For All CT Patients

Diabetes Mellitus	Yes ☐	No ☐
Kidney Disease	Yes ☐	No ☐
Multiple Myeloma	Yes ☐	No ☐
Is Pt at Risk for Contrast Induced Nephropathy?	Yes ☐	No ☐
Metformin	Yes ☐	No ☐

IF PATIENT IS ON METFORMIN, STOP MEDICATION 24 HRS PRIOR TO EXAMINATION, AND FOR AN ADDITIONAL 48 HRS AFTER THE EXAMINATION

Pt over 70 Years of Age or at Risk for CIN	Yes ☐	No ☐

Serum Creatinine: ____________

eGFR: ____________

Date of Bloodwork: ____________

CC to CMH CT Dept Yes ☐ No ☐

Allergies

X-Ray Dye	**Yes**	☐	**No**	☐
Food	**Yes**	☐	**No**	☐
Drugs	**Yes**	☐	**No**	☐
Environmental	**Yes**	☐	**No**	☐
Latex	**Yes**	☐	**No**	☐

Comments:

ALL OF THE ABOVE MUST BE FILLED IN BY PHYSICIAN OR THE REQUISITION WILL BE RETURNED

THIS AREA FOR RADIOLOGY USE ONLY

Circle Priority:	1	2	3	4	CT NOT INDICATED

PLEASE FAX COMPLETED REQUISITION TO 705-653-3601

780-220-12-9