NORTHUMBERLAND HILLS HOSPITAL

Place Patient Identification Label Here

CT Requisition

Phone (905) 377-7752 Fax (905) 373-6922

In Patient ☐ Out Patient ☐

Is the patient capable to sign consent? Yes ☐ No ☐

If No, please ask the appropriate signing delegate to accompany the patient the day of the examination.

Clinical Priority: 2 3 4 ST = Specified Date

Specific Date: _____

All EMERGENT requests must be made by the referring physician speaking directly to the CT Radiologist or "on-call" radiologist.

Last Name: _____

First Name: _____

Address: _____

City: _____ P. Code _____

Phone: (____) _____-_____ D.O.B: _____

E-Mail:_____

Health Card #: ☐☐☐☐ ☐☐☐ ☐☐☐ ☐☐ (VERSION CODE)

WSIB Claim #:_____

Area to scan:

Clinical History:

Clinical Indicator: **BC** Breast Cancer **OT** Other
(Please circle) **SD** Cancer Staging and/or Diagnosis

INCOMPLETE, UNSIGNED OR ILLEGIBLE REQUISITIONS WILL BE RETURNED

Ordering Physician Data

Name:

Billing #:
CPSO#:
Phone: Fax:
E-mail:

Copies To:
(Include Address)

REQUIRED INFORMATION FOR ALL CT PATIENTS
(***except requests for Spines, Sinuses or Shoulders)***

Serum Creatinine (date) _____(_____)
(Results must be from within last 2 months)

Weight: _____ lbs _____ kg **(Required)**

	YES	*NO*
Multiple Myeloma	☐	☐
Kidney Disease	☐	☐
Diabetes Mellitus	☐	☐
Metformin®	☐	☐

Patient should not take Metformin the day of the CT examination

History of Endocarditis	☐	☐
Heart Valve Replacement	☐	☐

	YES	*NO*
Previous IV Contrast Injection?	☐	☐
Adverse Reaction?	☐	☐

If Yes, describe:

Has a Radiologist Been Notified? *NO* ☐ *YES* ☐ _____
Name of Radiologist

_____ _____
Date Referring Physician's Signature

NHH Diagnostic Imaging Use Only

Radiologist Protocol: Priority 1 2 3 4 _____

CRCL: _____

Radiologist's Initials: _____ **Date/Time:**_____

Appointment Date: _____

Patient Notified: _____

Northumberland Hills Hospital is fragrance free. Perfume, after shaves or colognes, strongly scented soaps or deodorants are not permitted due to potential allergic reactions by both patients and staff. Form: 401 (V5 11/12)