



- AJAX-PICKERING, BOWMANVILLE, OSHAWA

Outpatient requests will be given first available at any department unless specified

Outpatient Inpatient ED | loc. \_\_\_\_\_

PATIENT INFORMATION

Name, Date of birth, Sex, Health card, Version code, Hospital ID, Address, City, Postal code, Phone 1, Phone 2

REQUESTED PRIORITY

Routine, STAT/Urgent, Specific date

TEST/REGION TO BE EXAMINED

- Head, Neck, Chest, Abdomen, Pelvis, CTPA, Renal colic, CT urogram, CT enterogram, Ischemic bowel, CT colonography, CTA carotids, EVT candidate, Trauma c-spine, Sinuses, Facial bones, Temporal bones

Other (specify):

CLINICAL INDICATION/RELEVANT HISTORY

Relevant previous imaging reports must be attached

INTERNAL DI USE ONLY

Priors:

Priority, CCO, Cancer, Other, Renal protection

SCREENING

NEPHROPATHY

- Age > 60, Diabetes, Hypertension requiring medication, Renal transplant or single kidney, Renal surgery or renal cancer, History of dialysis

If any nephropathy risk factor, provide:

Test date (< 8 wks), eGFR

PRECAUTIONS

- Patient weight, Chance of pregnancy, Allergy to IV contrast

If prior mild or moderate adverse reaction, referring physician to provide premedication:

PREDNISONE 50 mg PO 13 h, 7 h, and 1 h before exam
BENADRYL 50 mg PO 1 h before exam

FOR ABDOMEN CT

- BMI < 25, History of esophagus, stomach, bowel, ovarian CA

BILLING

OHIP, WSIB claim #, Other

REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

Rad \_\_\_\_\_ Signature X \_\_\_\_\_ Date \_\_\_\_\_

