



Diagnostic Imaging – CT Scan/Angiography Requisition

- CT Request
 Angio/Interventional Request

Ajax Site
 580 Harwood Ave. South
 Ajax ON L1S 2J4

Centenary Site
 2867 Ellesmere Road
 Scarborough ON M1E 4B9

Contact Central Booking
Telephone
 (416) 281-7299
 Toll Free 1-866-752-6989

Facsimilie
 (416) 281-7493
 Toll Free 1-866-752-6990

- Out Patient** **Emergency Department**
 In Patient **Fracture Clinic**

Appointment

| | | |
|------|------|---------|
| Date | Time | Chart # |
|------|------|---------|

- Urgent Request** **Elective Request**

CT Exam Requested – Please be specific / specify levels

- Thorax Head C-Spine _____
 Abdomen Sinus T-Spine _____
 Pelvis Neck L-Spine _____
 Renal Colic Extremity _____
 CT Angio CT Biopsy/Drainage* _____

*See reverse for special instructions

Angio/Interventional Exam Request

- Conventional Angiogram
 Interventional Procedure

Please specify _____

Clinical Information

Medications and Allergy to IV Contrast Media Containing Iodine

1. Allergy to IV contrast media? Yes No
 2. Allergy to medications? Yes No
 3. Is patient pre-medicated? Yes No
 If YES – please state _____

Radiologist Use Only

Priority P1 P2 P3 P4 Contrast Yes No
Exam Protocol

Radiologist Initials _____

Referring Physician _____

Address _____

Telephone _____

()

Fax _____

()

Referring Physicians:

If this is an urgent request or if no appointment date is received within 48 hours, please contact the Central Booking office.

Patient name _____
Last name First name

Date of birth _____ Sex Male Female
D M Y

Health Card _____ Version Code _____

Address _____

City _____ Postal Code _____

Telephone Home () _____

Business () _____

Cell () _____

WSIB Claim # _____

Other Insurance Claim # _____

Risks for Contrast Nephropathy

- Risk factors for this patient Yes No
 Renal insufficiency Yes No
 Diabetes Yes No
 Elderly (>70 years of age) Yes No
 Dehydration Yes No
 Nephrotoxic medications Yes No
 CHF Yes No
 Solitary kidney Yes No
 Multiple myeloma Yes No
 Is patient pregnant? Yes No

If any risk factors for Contrast Nephropathy are present, you must provide the following:

Creatinine _____ B.U.N. _____

Date of blood test _____

Creatinine clearance _____ or eGFR _____

Copy Report to _____

Physician's Signature _____

X

Date _____

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

Diagnostic Imaging

CT Scan/Angiography Requisition

Patient Instructions – *Please read carefully* Preparations and Instructions for your CT Scan

Your physician has referred you for a CT Scan (CAT Scan). This is a special kind of x-ray test. Please read and follow these instructions carefully and **arrive 15 minutes prior to your appointment time** for registration.

General Information

- We strive to maintain your appointment on schedule, however if an emergency arises, they will be taken first.
- Patients who do not understand English must bring a translator.
- If you are on regular medication, you make take it with a small sip of water.
- Please remove all jewellery, earrings and necklaces before your scan.
- Please bring any relevant films (CT, MRI, Ultrasound and/or x-rays) with you the day of your test.
- Please inform your physician of any pertinent medical conditions.
- If you have any further questions or concerns, please do not hesitate to call our department for clarification.
- Diabetic patients on Metformin/Glucophage must not take this medication for 48 hours following a contrast injection. The patient must follow-up with order physician for appropriate blood work within three days.
- **If you have a known allergy to x-ray dye, please inform your physician.**

Head/Sinus/Spine/Extremity Scans

There is no preparation for these scans.

Chest Scans

You may not have anything to eat for four hours before your appointment. You must not have anything to drink one hour before your appointment. Please allow up to one hour for your entire visit.

Abdomen and Pelvic Scans

The night before, have only a light dinner consisting mainly of fluids (i.e. soup). On the day of your appointment you must not eat any solid food, but you may have clear fluids up to two hours before your appointment. You should allow up to two hours for your entire visit.

Biopsy/Angiography/Interventional Procedures

Special Instructions for CT Guided Biopsy, CT Guided Drainage, Conventional Angiography and Interventional Procedures: Current blood work required: INR, APTT and CBC. Blood thinners to be held 5-7 days prior to procedure. If deemed medically necessary, please consult Radiologist.

It is the responsibility of the patient to follow-up with their referring physician for the results of their examination.

