



## CT REQUISITION — this form can be found on www.swpca Check one Site:

Alexandra Marine and General H	•	3532 🔲 Middlesex Hospital Allia	-	F: 519-246-5930	
☐ Grey Bruce Health Services - Owe		3952 🔲 South Bruce Grey Healtl		F: 519-881-1388	
☐ Hanover and District Hospital F: 519-364-0		0062 🔲 St. Joseph's Health Car	☐ St. Joseph's Health Care London F: 519-646-6204		
☐ Huron Perth Health Care Alliance	e - Stratford F: 519-272-8	3247 🔲 St. Thomas Elgin Genera	General Hospital F: 519-631-8842		
☐ Listowel Memorial Hospital	F: 519-291-2	2813 🔲 Tillsonburg District Men	813 🗆 Tillsonburg District Memorial Hospital F: 519-842-429		
☐ LHSC - UH	F: 519-663-3	3034 🗌 Woodstock Hospital		F: 519-421-4238	
☐ LHSC - VH / Children's	F: 519-667-6	8826			
PATIENT INFORMATION:					
Surname:	First Name:	Middle Initial:			
Gender: ☐ M ☐ F ☐ X Date	e of Birth (YYYY-MM-DD):				
Gender:   M  F  X  Date Street Address: Health Card No.:	Apt: City:	Prov	ince: Post	al Code:	
Health Card No. :	Version Code: Researc	h or 3 <sup>rd</sup> Party No.:			
Telephone (Day): (Evening): (Cell):					
□ Outpatient □ Long Term Care □ Inpatient □ ED					
WSIB:  \[ Y \subseteq N \] WSIB No.: Date of Injury (YYYY-MM-DD):					
Mobility: □ Ambulatory □ Wheelchair □ Stretcher □ Mechanical Lift Preferred Language: □ EN □ OTHER					
Considerations:   Claustrophobia   Mild Sedation (not provided)   General Anaesthesia   Paediatric   Interpreter Required					
Y N Please check the following:	** If yes to any of the risk factors	piease araw creatinine ieveis	☐ Y ☐ N Related s	urgery	
□ □ Allergic to radiographic	Y N Contrast Risk Factors:		☐ Y ☐ N Urgent		
contrast	☐ ☐ Diabetic		☐ Y ☐ N Routine		
□ □ Pregnant wks.			☐ Y ☐ N Timed		
☐ ☐ Heparin Flush Ordered	□ □ On dialysis	matica ou Nombro etomor	☐ Y ☐ N Cancer		
□ □ Power PICC	☐ ☐ History of impaired renal fu	nction or Nephrectomy	☐ Y ☐ N Staging/ Followup		
☐ ☐ CT Porta Cath	☐ ☐ Patient > 70 yrs old		Timing of above  Please attach previous imaging and reports (ie ECG)		
	☐ ☐ On any diabetic medication	IS:			
☐ ☐ History of Cancer	☐ ☐ Hypertension	adian asing to manhyatavisity	(IE LUG)		
Precautions	☐ ☐ Medications/conditions predisposing to nephrotoxicity				
$\square$ TB $\square$ MRSA	□ □ Other:				
□ VRE □ Shingles					
REFERRING PHYSICIAN:	REFERRING PHYSICIAN: Serum Creatinine (must be drawn within the past				
Name Address:			6 months)		
City: Postal Code: Tel: FAX:			Result:		
CityFostal code Iel FAX			eGFR:		
Comple date					
Physician's Signature:	CPSO N	lo:			
Physician's Signature: Copy to:		lo:	Height: cm/in		
Copy to:		lo:			
		lo:	Height: cm/in		
Copy to:		lo:	Height: cm/in		
Copy to:EXAMINATION REQUESTED:		lo:	Height: cm/in		
Copy to:EXAMINATION REQUESTED: WORKING DIAGNOSIS:		lo:	Height: cm/in		
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Copy to:EXAMINATION REQUESTED: WORKING DIAGNOSIS:		lo:	Height: cm/in		
EXAMINATION REQUESTED: WORKING DIAGNOSIS: CLINICAL INFORMATION:			Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED: WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US		FOR TECHS/RADS	Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED: WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US Protocol:	SE ONLY		Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED: WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US Protocol:  Water Prep Barium Water	SE ONLY  Soluble   Enterography Prep		Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED:  WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US  Protocol:  Water Prep Barium Water  IV Rectal Non Contrast	SE ONLY  Soluble		Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED: WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US Protocol:  Water Prep Barium Water	SE ONLY  Soluble		Height: cm/in Weight: kg/lbs		
EXAMINATION REQUESTED:  WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US  Protocol:  Water Prep Barium Water  IV Rectal Non Contrast	SE ONLY  Soluble		Height: cm/in Weight: kg/lbs FOR BC Appointment Date:		
EXAMINATION REQUESTED:  WORKING DIAGNOSIS: CLINICAL INFORMATION:  OFFICE US Protocol:  Water Prep Barium Water  IV Rectal Non Contrast  Nitro Beta Blockers Hyoso	SE ONLY  Soluble		Height: cm/in Weight: kg/lbs FOR BC Appointment Date:		