

DIAGNOSTIC IMAGING REQUISITION CT SCAN

Credit Valley Hospital
Booking Line:905-813-4417
Fax:905-813-3807

Mississauga Hospital
Booking Line:905-848-7554
Fax:905- 804-7926

Queensway Health Centre
Booking Line:416-521-4069
Fax:416-521-4014

Patient Demographics:

Name: _____ Date of Birth: ____/____/____
LAST, FIRST YYYY/MM/DD

Health Card #: _____ Version Code: _____ Sex: _____ Weight: _____

Address: _____ City: _____ Postal Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Exam(s) Requested (CT only): _____

Clinical Information: _____

Enhanced Exams – Intravenous Iodinated Contrast Media Allergy No YES
 If "YES" please provide patient with the following premedications:
 Prednisone 50mg PO 13 hours, 7 hours, and 1 hour before IV Contrast Media injection, **AND**
 Diphenhydramine 50mg PO, 1 hour before IV Contrast Media injection

Enhanced Exams – Creatinine

Does the patient have:	Yes	No
Diabetes		
High blood pressure requiring medication		
Kidney issues, including single kidney		
Is patient 60 years of age or older?		

If the response is "YES" to one or more of the above, a creatinine is required, **drawn within 6 months of the date the requisition is faxed.**

Please note – this applies to each CT exam request.

Creatinine: _____ Date: _____

Referring Provider:

Name: _____ Address: _____

Billing # _____ Phone: _____ Fax: _____ CC: _____

SIGNATURE: _____ **DATE:** _____

Please note:

- Exams are booked according to scanner availability, and may be booked at **ANY THP SITE.**
- This requisition must be completed in full and signed by the referring provider.
- **INCOMPLETE REQUISITIONS WILL BE RETURNED AND WILL NOT BE KEPT ON FILE.** This includes requisitions which are missing creatinine when required, appropriate clinical information or are illegible. A new requisition will need to be submitted.
- Reports of relevant outside imaging studies must be attached.