



MEDICAL IMAGING REQUISITION

Ordering Physician: _____ **Billing #:** _____

PRINT Full Name: _____

Signature: _____ Date: _____

Phone #: _____ Fax #: _____

Direct/Emergency Phone # (required): _____

Copies to: _____

Allergies: _____

Diabetic Yes No PICC/Portacath

Pregnant Yes No LMP: _____

Height: _____ (□ft./ □cm) Weight: _____ (□lbs/ □kg)

Complete for ALL patients:

Infection Control Precautions? Yes No

Specify Type: _____

EXAM(S) REQUESTED

CT _____

US _____

X-ray/Fluro _____

Breast Img/Mammo _____

NM _____

Angio _____

REASONS FOR EXAM(S) Must give relevant clinical history. Please write legibly as this information will be typed into the patient's electronic record.

CT REQUESTS ONLY— Indicate Booking Preference:

Soonest Available Specific Site: _____

Soonest Available ANY SITE - fax to closest site

Soonest Available South Island Fax: 250 370 8110

Soonest Available Central Island

Nanaimo Fax: 250 716 7725

West Coast General Fax: 250 724 8801

Cowichan District Fax: 250 709 3009

Soonest Available North Island

Campbell River Fax: 250 286 7106

Comox Valley Fax: 250 331 5906

Cancellation List for (specify site): _____

Appointment Date/Time/Location: _____

PHN: _____ - _____ - _____

Patient Name: _____

Phone: _____

Address: _____

Sex: M F DOB (dd/mm/yyyy): _____

Phone - Daytime: _____

Insurer: MSP WCB ICBC Other: _____

Ambulatory Wheelchair Bed Stretcher O2 IV

Complete for exams requiring IV Contrast:

eGFR is **mandatory** if patient answers yes to one of screening questions.

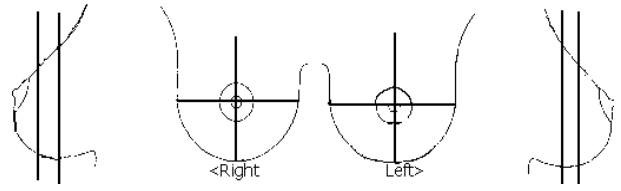
1. Patient has known to be renal impaired? Yes No
2. Patient has had kidney transplant? Yes No
3. Has patient seen, or is waiting to see a kidney specialist or urologist (kidney surgeon)? Yes No

Date of last eGFR: _____ Current* eGFR: _____
*Outpatient: less than 6 months

Complete if ordering a Breast Imaging Exam:

Implants: Yes No

Do further imaging if indicated Do Biopsy if required



Please mark any area of concern; previous Surgery/Biopsy:

Previous Studies: _____

Complete for ALL Biopsies, Angiography and Interventional Procedures:

Does the patient take anticoagulants (i.e. Coumadin/Warfarin, Heparin, or Low Molecular Weight Heparin) OR have a bleeding disorder? Yes No

Coagulation should be normalized. If unable, please speak to a Radiologist.

Patients taking ASA, NSAIDS, TICLID or PLAVIX, should discontinue the medication 5 days prior to the appointment. If clinically contra-indicated, please speak to a Radiologist.

(If having an angiogram patient may continue the medications normally.)

Recent INR or PTT Result: _____ Date: _____

For Medical Imaging use only					Yes	No
Appointment Booked By:						
P1	P2	P3	P4	T	IV	
					Oral	

Comments: _____