CT REQUISITION

RESET

Quinte Health Care
Department of Diagnostic Imaging
Tel: 613-969-7400 x2860 (BGH)
Fax: 613-969-5561

MD Name: _____	**Patient Name:** _____
Signature: _____	**DOB:** _____
Copy to: _____	**HCN:** _____
Date (d/m/y): _____	**Home Phone:** _____
MD Phone #: _____	**Cell Phone:** _____
MD Fax #: _____	**Address:** _____

INCOMPLETE AND ILLEGIBLE REQUISITIONS WILL BE RETURNED

IF AN URGENT (SAME OR NEXT DAY) SCAN IS REQUIRED, PLEASE CALL THE DI DEPARTMENT

AREA TO BE SCANNED:

CLINICAL INDICATION:

Location: ❑Outpatient ❑ER ❑ER call back ❑Inpatient _____(floor)

Isolation precautions: Yes ❑ No ❑

Please include relevant imaging reports from outside centres.

Relevant previous studies: ❑US ❑CT ❑MRI Date: _____ Facility: _____

***Requested* CT date/timeframe:**

Note: Radiologist will triage requests based on the provided history.

Patient weight: _____ lbs

Note: CT table weight limit is 600 lbs (BGH) and 400 lbs (TMH).

Prior relevant surgeries: _____

_____

_____

	YES	NO
Pregnant	○	○
Smoker	○	○
Previous adverse IV contrast reaction	○	○

If yes, specify: _____

Note: DI department can suggest a prophylactic medication regimen by fax. The administration of such prophylaxis remains the responsibility of the referring physician.

	YES	NO
Age over 70*	○	○
Chronic renal dysfunction or solitary kidney*	○	○
Hypertension requiring medication*	○	○
Diabetic*	○	○
If diabetic, on Metformin?	○	○

Note: Patient will be advised to discontinue Metformin for 48 hours post IV contrast injection and have their renal function checked before restarting. Metformin usually restarted if serum creatinine increase is < 25% of baseline.

*** If YES**, serum creatinine and eGFR are required for IV contrast studies (within ≤ 6 months for stable outpatients, ≤ 7 days for inpatients, and same day for acutely ill patients).

Creatinine (µmol/L): _____

eGFR (mL/min): _____

Date of bloodwork: _____

OFFICE USE ONLY

Time stamp: _____

Appointment date and time: _____

Site: ❑BGH ❑TMH

Low dose ❑

Technologist initials: _____