Double-sided. • CT Requisitions: 25 notepads full color (8.5”X11”) of 25 pages each

CT SCAN REQUISITION

KING CITY DIAGNOSTIC IMAGING

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King City, ON L7B 0N1
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PATIENT LABEL / PATIENT INFORMATION

Patient Name: _____	**Date of Birth:** _____ **Sex:** _____
Health Card No.: _____	**Telephone #:** _____
Address: _____	**Patient Label Area:** _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____	**Billing / Provider #:** _____
Physician Signature: _____ **Date:** _____	**Telephone:** _____
Clinic Name / Address: _____	**Fax No.:** _____
Copies To, Physician Name: _____	**Fax No.:** _____

CT SCAN - ANATOMY TO BE SCANNED

☐ Head	☐ Chest	☐ Adrenal	☐ Skeletal Survey	☐ Extremity: _____
☐ Facial Bones	☐ HRCT Chest	☐ Liver/Pancreas		
☐ Sinuses	☐ Coronary Calcium Scoring	☐ Kidneys		
☐ Orbits	☐ Abdomen Pelvis			
☐ Temporal Bones	☐ Renal Colic (KUB)			
☐ IAC / Internal Auditory Canals	☐ Pelvis	☐ Cervical Spine		
☐ Neck	☐ Hip: Left. ☐ Hip: Right	☐ Thoracic Spine		
☐ Additional request:	☐ CT Urogram	☐ Lumbar Spine		
☐	☐ Additional request:	☐ Additional request:		☐ Additional request:

CLINICAL HISTORY / INDICATION (Please attach prior imaging reports when available)

_____

_____

_____

_____

_____

CT SC ANSCREENING. **If the patient is** over 70 years of age**, or if** “Yes” is answered to Question 1b, or 1c**, please** include/order a creatinine test and fax the result to us**.**

1a. Creatinine / eGFR if required: _____ Date: _____ (within 90 days)	3.Previous CT contrast reaction: ☐ No ☐ Yes
1b. Diabetes / Metformin: ☐ No ☐ Yes	4. Allergies: _____
1c. Kidney disease: ☐ No ☐ Yes	5.Pregnancy status, if applicable: ☐ No ☐ Yes ☐ N/A
2.Interpreter required: ☐ No ☐ Yes, Language: _____	Mobility assistance: ☐ No ☐ Yes
Priority: ☐ Routine ☐ Urgent	Preferred appointment date: _____

CLINIC USE

Protocol: _____	**Comments:** _____	**Priority:** ☐ P2 ☐ P3 ☐ P4

KING CITY DIAGNOSTIC IMAGING

PATIENT PREPARATION FOR CT SCAN

FOR ALL CT EXAMINATIONS

- **Please arrive 15–30 minutes before your scheduled appointment.**
- **Take your regular prescription medications as directed, unless you have been given different instructions.**
- **You may be asked to change into a hospital gown for your examination.**
- **Please leave jewelry and other removable metallic items at home when possible.**
- **Most CT scans do not require fasting or special preparation. Follow any specific instructions provided when your appointment is booked.**

PLEASE BRING

- **Your Ontario Health Card (OHIP).**
- **Previous imaging reports or images, if requested or performed outside the facility.**

BLOOD WORK

Depending on the type of CT examination and your medical history, your healthcare provider may request a blood test to check your kidney function before the examination. Please complete any requested blood work before your appointment.

CT SCANS WITH CONTRAST (DYE)

Some CT examinations require an intravenous (IV) injection of contrast (dye). An IV may be inserted into a vein in your arm or hand before the CT scan.
If your examination requires IV contrast, please do not eat for 2 hours before your appointment. You may drink clear fluids/water unless you have been instructed otherwise.
Please inform the CT Technologist if:

- **You have had a previous reaction or allergy to CT/iodinated contrast.**
- **You have kidney disease or reduced kidney function.**
- **You have diabetes or take medication for diabetes.**
- **You are taking blood thinner (anticoagulant) medication.**
- **You are pregnant or think you may be pregnant.**

ABDOMEN & PELVIS CT WITH CONTRAST

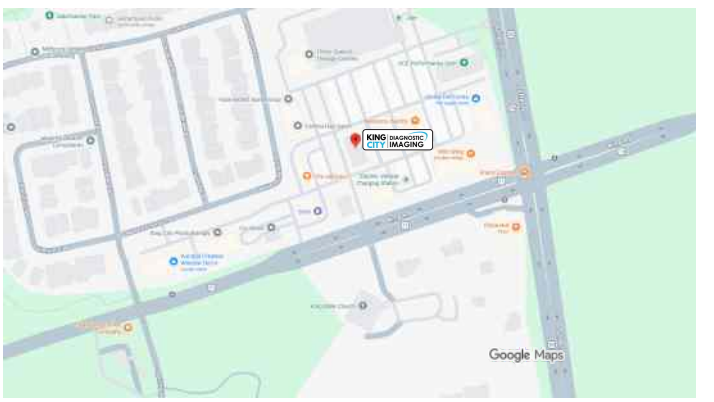
- **You may be instructed to drink water or oral contrast approximately 1 hour before your scan.**
- **Please do not have a barium examination within 48 hours before your CT scan, unless otherwise instructed.**

IMPORTANT

Additional preparation may be required depending on the type of CT examination. Any additional instructions will be provided when your appointment is scheduled.

If you are unsure about your preparation instructions, please contact the CT department before your appointment. Ph: 905 539 0555

Main Level premises
Free Plaza parking
Easy online booking
Fast & on-time service, no waiting.



- Please note: All faxes are sent automatically by **Auto-fax**. At times, due to factors beyond our control, they are not received by referring doctor offices. Please contact your doctor to make sure they have received the results. In case they have not, please contact the clinic and we will manually fax them over, immediately