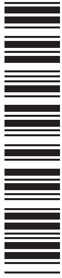

NORTH YORK GENERAL

Making a World of Difference

COMPUTED TOMOGRAPHY (CT) REQUISITION

Medical Imaging Department
4001 Leslie Street, Toronto ON M2K 1E1
Bookings: 416-756-6190 Fax Line: 416-756-6192

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Patient LABEL / Identification Area

Patient Name:______________________________ **Patient Email Address:**______________________________

By providing your patient's email address you are giving permission to contact the patient via email with appointment time and information

INCOMPLETE FORMS WILL BE RETURNED AND NOT BE PROCESSED

EXAMINATION(S) REQUESTED

____

CLINICAL HISTORY:

PRIOR SURGICAL HISTORY:

FOR OFFICE USE ONLY

Protocol ☐ 1 ☐ 2
Priority ☐ 3 ☐ 4 A / B
Special Codes: ☐ CS ☐ OT
☐ Timed : ___________

Signature______________________________

Appointment______________________________

RENAL FUNCTION SCREENING FOR PATIENTS REQUIRING INTRAVASCULAR IODINATED CONTRAST MEDIA

REQUIRED for patients who meet any of the following criteria (check all that apply):

- ☐ History of renal disease (kidney transplant, single kidney, renal surgery, dialysis/chronic renal failure etc.)
- ☐ Has been seen or is waiting to see a Specialist due to decreased kidney function
- ☐ None of the above

Creatinine Result: µmol/L	Result acceptable within 90 days
eGFR Result/Calculation: mL/min/1.73m^2	
Date of Result (include copy):	

ALLERGY, PRIOR EXAMS AND APPOINTMENT INFORMATION

Previous Hospitalization for Allergic Reaction? ☐ YES ☐ NO
Allergy to IV Iodinated Contrast? ☐ YES ☐ NO
If YES, describe reaction:______________________________

____

Reports from relevant prior exams must be included with requisition

If patient is not English speaking, please ask patient to have a translator accompany them for their exam

REQUESTING PROVIDER

Address:______________________________

City:________________Postal Code:________

Telephone Number:______________________

Fax Number:___________________________

Billing Number:_________________________

Copy to:______________________________

DATE/TIME	SIGNATURE (REQUESTING PROVIDER)	PRINT NAME
DD / Month / YYYY ____:__ __h		