Timmins and District Hospital / Hôpital de Timmins et du district
John P. Larche Medical Imaging & Cardiopulmonary Department
Service d'imagerie médicale et de soins cardio-pulmonaires John P. Larche
Phone: 705-267-6312 | Fax: 705-267-6346 | E-mail: imaging@tadh.com

HOSPITAL USE ONLY

Patient Name: _____

Date of Birth: _____ (dd / mm / yyyy) Weight (lbs/kg): _____ (for medication on some procedures)

Address: _____ Apt. #: _____

City: _____ Postal Code: _____

Phone (Home): _____ Work: _____

Health Card #: _____

SIN #: (for WCB Claims) Claim #:

PRECAUTIONS

DROPLET ☐

AIRBORNE ☐

CONTACT ☐

Allergies:

Enter ALL pertinent clinical information:

Maximum Patient Weight for most equipment is 300 lbs / 139 kg

(Please Print or use Stamp) **Ordering Physician:** Date:

Physician Signature:

CLINICAL INDICATION FOR SCAN

BC ☐ MRI Breast Screening | OT ☐ Other | SD ☐ Cancer Staging/Diagnosis

FOR RADIOLOGIST USE ONLY/RESERVÉ AU RADIOLOGUE
DIAGNOSTIC IMAGING - MRI and CT Priority Assessment Tool

Priority Level	Descriptions	Access Target
1 ☐	Emergent	Immediate
2 ☐	In-Patient	Within 48 hours
	Urgent	
3 ☐	Semi-Urgent	Within 10 days
4 ☐	Non-Urgent	Within 4 weeks

Copy to Family Physician: Dr. Tel. #

Copy to other Physician: Dr. Tel. #

The above information must ALL be completed and be legible, or the requisition will be returned to the ordering physician.

X-Ray:

1. _____ 3. _____
2. 4.

Bone Densitometry (DPX):

☐ Low Risk: ☐ High Risk: ☐ Baseline (1st BMD): Date of Previous DPX:

Ultrasound:

☐ Abdominal & Pelvic Ltd.	☐ Obstetrical/LMP: Required	☐ Groin ☐ Rt ☐ Lt	☐ Scrotum
☐ Abdominal	☐ BHCG - Quantitative: Required	☐ Prostate Biopsy	☐ Thyroid
☐ Pelvic	☐ Endorectal Prostate PSA #: Required	☐ Other _____	

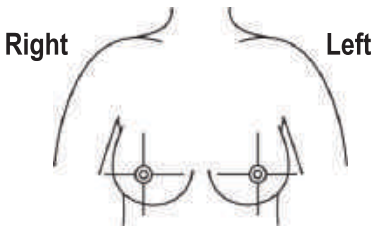
☐ Peripheral Arterial Doppler
☐ Venous Doppler ☐ Carotid Doppler
☐ Leg ☐ Arm ☐ Rt ☐ Lt
Physician Contact # _____

☐ Carotid Doppler

Breast Imaging:

Implants: ☐ Yes ☐ No Date of Previous:

- ☐ Screening Mammogram (No signs or symptoms)
- ☐ Diagnostic Mammogram ☐ Rt ☐ Lt
- ☐ Breast Ultrasound ☐ Rt ☐ Lt
- ☐ Biopsy / Other (Needle localization, cyst aspiration)



Nuclear Medicine:

☐ Bone Scan	☐ Meckel's Scan	☐ Renal Scan	☐ Parathyroid Scan
☐ Gallium Scan	☐ Gastric Emptying / Solid	☐ Renal Scan with Lasix	Sentinel Node Scan RT ☐ / LT ☐
☐ Stress MIBI	☐ RBC - GI Bleed	☐ Renal Scan with Captopril	Thyroid Therapy I 131
☐ Persantine MIBI	☐ HIDA Scan with EF%	☐ Thyroid Uptake and Scan	Stat: _____
	☐ Lung Scan VQ	☐ Muga Scan	

Department Use Only

☐ Insulin Pump / ☐ Glucose Monitor/Sensor	Tech Initials	Patient's Risk of Pregnancy	LMP	Patient's Initials	Examination Date Day	Month	Year	# of Images	☐ In Patient ☐ Out Patient ☐ Portable
		☐ Yes ☐ No							

The following exams require a scheduled appointment.

Requisitions must be sent by courier or faxed to 267-6346 to be scheduled.

Barium Enemas
Bone Densitometry
CT
Echo
GI Series
IVP
Mammograms
MRI
Nuclear Medicine
Special Procedures (ie. Biopsy, myelogram, angiogram, etc.)
Ultrasound
PFT, Holter tests, EEG

CLERICAL BOOKING NOTES I.E,. messages left, rebooks, comments, patient communication

_____

_____

_____

NM

HIDA — 4 hrs NPO	Yes ☐	No ☐
- Demerol	Yes ☐	No ☐
Gastric Emptying/Fasting	Yes ☐	No ☐
Thyroid Scan —Off Thyroid Meds	Yes ☐	No ☐
TSH Blood Work	Yes ☐	No ☐
Captoril Renal		
Off BP Meds	Yes ☐	No ☐

MAMMO / DPX

Previous Study: Yes ☐ No ☐

Date: _____ Location: _____

ULTRASOUND

1. Abdo Fasting: Yes ☐

2. Pelvic

Drink Start time _____ Drink End Time _____

3. Miscellaneous: No Prep Arrival Time: _____

ALL PATIENTS

L.M.P. _____ WEIGHT: _____

ALLERGIES: _____

Booking Clerks Initials: _____

Ontario Breast Screening Program (OBSP)

If the patient is:

- **50 years of age and over**
- **no acute breast symptoms**
- **no personal history of breast cancer**
- **have not had a mammogram within the past 12 months**
- **no history of breast implants**

If the patient meets all of the above criteria, she can be directed to the Ontario Breast Screening Program (OBSP). The patient will receive a screening mammogram. Please call 360-6012 for an appointment.

Please ensure that the requisition is fully completed, signed and legible to prevent delaying the procedure for the patient. Requisitions will be returned to the ordering physician for missing information, missing signature or if not legible.