



**COLLINGWOOD
G&M HOSPITAL**

Bookings Tel: (705) 444-8670

Fax: (705) 445-7593

CGMH is a scent free facility

CT REQUISITION

EXAMINATION REQUESTED

- ☐ Head ☐ Chest _____
- ☐ Sinuses ☐ Abdomen ☐ Enterography
- ☐ Neck ☐ Pelvis
- ☐ MSK ☐ L ☐ R _____
- ☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Angio ☐ COW ☐ Carotids ☐ Aorta
- ☐ Runoff ☐ Upper Extremity
- ☐ Other _____
- ☐ Urgent ☐ Follow up due _____

CLINICAL INFORMATION (mandatory):

Patient Name: _____

D.O.B _____ Healthcard# _____

Address _____

Phone # _____ Cell # _____

Mobility Issues: ☐ N / ☐ Y: _____

REFERRING HEALTHCARE PROVIDER:

Signature _____

Printed Name _____

Fax # _____

Copy To _____

Allergy to contrast media ☐ Yes ☐ No

Type of reaction: _____

Premedication prescribed ☐

The Diagnostic Imaging department can suggest a prophylactic medication regime by request. The administration of such prophylaxis remains the responsibility of the referring physician. See Guidelines: (CAR) <http://www.car.ca>

Risk Factors for Contrast Induced Nephropathy

Adapted from the Canadian Association of Radiologists (CAR) <http://www.car.ca>

- ☐ Renal impairment/ Solitary kidney / Kidney Cancer
- ☐ Dialysis patient ☐ Permanent anuria

**If YES to any Risk Factors, a current eGFR is required
Within 6 Months of appointment:**

eGFR _____ DATE _____

Patients with eGFR between 30-45mL/min will be booked for IV Hydration to coordinate with appointment time.

- ☐ An eGFR is not indicated
- ☐ Patient has no Risk Factors or
- ☐ Exam routinely performed without contrast

The administration of contrast media is based on the clinical indication and is at the discretion of the Radiologist.

An eGFR level is NOT routinely required for the following exams: CT Head, Sinuses, Pyelogram, Spine or MSK scans. CT Chest (except for PE or cancer diagnosis/staging)

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

Please include relevant imaging reports from outside facilities. Our **table** weight limit is 272 kg (600 lbs.)