

Request for CT

BIRCHMOUNT
3030 Birchmount Road
Scarborough, ON M1W 3W3
Phone 416-495-2480
Fax 416-495-2619

CENTENARY
2867 Ellesmere Road
Scarborough, ON M1E 4B9
Phone 416-281-7299
Fax 416-281-7493

GENERAL
3050 Lawrence Avenue East
Scarborough, ON M1P 2V5
Phone 416-431-8167
Fax 416-431-8141

Outpatient Inpatient ED | loc. _____

PATIENT INFORMATION

Name _____ Date of birth _____ Sex F M Other
Last name, First name Day-Month-Year

Health card _____ Version code _____ Hospital ID _____

Address _____

City _____ Postal code _____ Phone 1 _____ Phone 2 _____
Preferred Alternate

TEST/REGION TO BE EXAMINED

- | | | |
|---|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> CTA PE | <input type="checkbox"/> CTA carotids |
| <input type="checkbox"/> Neck | <input type="checkbox"/> HRCT chest | <input type="checkbox"/> Trauma c-spine |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hematuria (triphasic) | <input type="checkbox"/> Sinuses |
| <input type="checkbox"/> Abdomen/pelvis | <input type="checkbox"/> CT enterogram | <input type="checkbox"/> Facial bones |
| <input type="checkbox"/> Renal colic | <input type="checkbox"/> Ischemic bowel | <input type="checkbox"/> Temporal bones |

Other: _____

SCREENING

- NEPHROPATHY**
- Age > 60 Y N
- Diabetes Y N
- Hypertension requiring medication Y N
- Renal transplant or single kidney Y N
- Renal surgery or renal cancer Y N
- Dialysis Y N

If any nephropathy risk factor, provide:

eGFR _____ Test date (< 6 wks) _____
Day-Month-Year

CLINICAL INDICATION/RELEVANT HISTORY

Relevant previous imaging reports must be attached

PRECAUTIONS

- Patient weight _____ kg
- Chance of pregnancy Y N
- Allergy to IV contrast Y N

If prior mild or moderate adverse reaction,
referring physician to provide premedication for contrast studies:
PREDNISONONE 50 mg PO 13 h and 1 h before exam
DIPHENHYDRAMINE (e.g. BENADRYL) 50 mg PO 1 h before exam

BILLING

OHIP WSIB claim # _____ Other _____

REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

INTERNAL DI USE ONLY

Priority 1 2 3 4 | Timed
CCO Cancer Other

Rad _____

Signature **X** _____ Date _____

CT Patient Instructions

General & Birchmount Hospitals: Register at Patient Registration, then proceed to the Diagnostic Imaging department.

Centenary Hospital: Register at a Kiosk or in the Diagnostic Imaging department.

Your physician has referred you for a CT scan (CAT scan); this is a special kind of x-ray test. Please read and follow these instructions carefully and **arrive 15 minutes prior to your appointment time** for registration.

General Information

- We strive to maintain your appointment on schedule, however if an emergency arises, these patients will be taken first.
- If you do not understand English please bring a translator.
- If you are on regular medication, you may take it with a small sip of water.
- Please remove all jewelry before your scan.
- Please bring any relevant imaging not done at SHN, (CT, MRI, ultrasound and/or x-rays) with you the day of your test.
- Please inform your physician of any pertinent medical conditions.
- If you have any further questions or concerns, please do not hesitate to call our department for clarification.
- **If you have a known allergy to x-ray dye, please inform your physician.**

Preparation

Head/Sinus/Spine/Extremity Scans

- There is no preparation for these scans.

Chest Scans

- Nothing to eat for four hours prior to your appointment.
- Nothing to drink one hour prior to your appointment.
- Please allow up to one hour for your entire visit.

Abdomen and Pelvic Scans

- The night before, eat only a light dinner consisting mainly of fluids i.e. soup. On the day of your appointment. You must not eat any solid food, but you may have clear fluids up to two hours prior to your appointment.
- Please allow up to two hours for your entire visit.
- If you are diabetic you may take your medication with a small amount of food up to 2 hours prior to your appointment.

CT Guided Biopsy/CT Guided Drainage

- Current blood work required: INR, APTT and CBC.
- If you are taking blood thinners, your medication may be held prior to your procedure if deemed necessary, please discuss with your physician.

You are responsible to follow-up with your referring Physician for the results of your examination.