Waterloo Wellington Hospitals

CT Requisition

OFFICE USE ONLY

Exam Date:_____

Arrival Time:_____

Exam Time:_____

Fax completed requisition to ONE Hospital:

❑ Cambridge Memorial Hospital: (CMH) **519-740-4990**
❑ Grand River Hospital: (GRH) **519-749-4296**
❑ Groves Memorial Community Hospital:(GMCH) **519-787-4405**
❑ Guelph General Hospital: (GGH) **519-766-9982**
❑ St. Mary's General Hospital: (SMGH) **519-749-6513**

Patient Information

Other Reqs Associated to Patient? ❑ Y ❑ N

Last Name, First Name:

Health Card #: VC:

DOB: DD/MM/YYYY ❑ Male ❑ Female ❑ Unknown

WSIB? ❑ Y ❑ N Injury Date: DD/MM/YYYY

Street Address:

Please include Claim #: _____

City/Town:

Other Insurance? Third Party or Self Pay

Province: Postal Code:

Specify: _____

Contact Number: Email:_____

Home: _____ ❑ Y ❑ N Patient consents to leave message

Other: _____ ❑ Y ❑ N Patient consents to leave message

Preferred Language: ❑ English ❑ Other: _____

❑ Y ❑ N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.

Required Patient Information:

Height: _____(cm) Weight: _____(kg)

❑ Restricted Mobility ❑ Outpatient

❑ Pediatric Under 10 yrs ❑ In-Patient Rm/Loc

_____

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print):

Signature

Date

Contact #: _____ Fax#: _____

Urgency

❑ Urgent
❑ Semi-Urgent
❑ Routine

Copy to (Please print)

Region/Organ of Interest:

Clinical History/Indication (reason for exam):

Previous Relevant Imaging and Surgery (please specify):

Patient Safety Screening (physician to complete with patient)

Allergy to x-ray dye/contrast ❑ Y ❑ N

If yes, please describe type of reaction:

_____

Pregnant ❑ Y ❑ N LMP (specify) DD/MM/YYYY

Breastfeeding ❑ Y ❑ N

Renal Assessment:**

Kidney problems/disease ❑ Y ❑ N

Prior Kidney Surgery ❑ Y ❑ N

Dialysis ❑ Y ❑ N

High Blood PressureCardiovascular disease/Stroke/TIA ❑ Y ❑ N

Diabetes Mellitus ❑ Y ❑ N

If yes, is patient on Metformin/Glucophage ❑ Y ❑ N

Past/Current treatment with NSAIDs, Diuretics, Chemotherapy or other Nephrotoxic drugs ❑ Y ❑ N

Greater than 60 yrs of age ❑ Y ❑ N

****If you answered yes to any of the above, a creatinine and eGFR within the last 3 months must be provided**

Creatinine: _____ Date: _____

eGFR: _____ Date: _____

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Protocol:

Initial: Rad Tech

WTIS Priority

❑ 1
❑ 2
❑ 3
❑ 4

T:_____

WTIS Reason

❑ Staging/Diagnosis Ca
❑ Other

Requisition Received Date and Time:

_____ _____

DD / MM / YYYY HR / MM

Please indicate location of Imaging examination for Patient:

Cambridge Memorial Hospital 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2244 Fax: 519-740-4990 www.cmh.org	• CT Service is located in the hospital's Diagnostic Imaging Department the **1st Floor** of the hospital's **A Wing**. All patients are asked to register in the department at their arrival time.
Grand River Hospital 835 King St. W Kitchener ON N2G 1G3	Telephone: 519-749-4262 Fax: 519-749-4296 www.grhosp.on.ca	• CT Service is located in the hospital's Department of Medical Imaging on the **2nd Floor** of the hospital's **D Wing**. All patients are asked to register in the department at their arrival time.
Groves Memorial Community Hospital 235 Union St. Fergus ON N1M 1W3	Telephone: 519-843-2010 xt.3356 Fax: 519-787-4405 www.gmch.ca	• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.
Guelph General Hospital 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• CT Service is located in the hospital's Diagnostic Imaging Department on the **3rd Floor** of the hospital. All patients are asked to register in the department at their arrival time.
St. Mary's General Hospital 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6455 Fax: 519-749-6513 www.smgh.ca	• CT Service is located in the hospital's Diagnostic Imaging Department on the **1st Floor**. All patients are asked to register in the department at their arrival time.

Exam Preparation

Cambridge Memorial Hospital	**Abdomen/Pelvis:** Pick up E-Z-Cat in Diagnostic Imaging Department at least 1 day prior to exam date. Nothing to eat 4 hours prior to exam time. Start drinking E-Z-Cat 1 hour prior to exam time. Drink completely ½ hour before exam time. **Small Bowel Enterography and Colonography:** Pick up instructions from your physician or from the Diagnostic Imaging Department at the hospital at least 3 days prior to the exam date **All other exams:** Nothing to eat 4 hours prior to exam.
Grand River Hospital	**All Exams:** No solid foods 4 hours prior to exam time. **Pediatric patients with sedation**: Nothing to eat or drink 4 hours prior to exam time **Pediatric patients without sedation**: Nothing to eat or drink 2 hours prior to exam time **Colonography**: Instruction sheets will be mailed to patient
Groves Memorial Community Hospital **and** **Guelph General Hospital**	**All exams**: Nothing to eat 3 hours prior to exam. Drink 2 x 12oz glasses of water prior to exam. You may void as needed as a full bladder in not required for this exam. **Abdomen/Pelvis**: Pick up Readicat in Diagnostic Imaging Department at least 1 day prior to exam date. Nothing to eat 3 hours prior to exam time. Start drinking Readicat 2 hours prior to exam time. Drink slowly to finish ½ hour before exam time. **Small Bowel Enterography**: Exam will last up to 1.5 hours. Clear fluids only for 24 hours. Take 1 bottle of Citromag (296 ml) at 4:00 pm the day before the examination. Citromag can be purchased at the pharmacy. **Colonography**: Pick up prep and instructions from the Diagnostic Imaging Department at the hospital at least 3 days prior to the exam date
St. Mary's Hospital	**All Exams:** No solid foods 4 hours prior to exam time.

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- You will be asked to remove any metal, jewelry, piercings that are in the area of the body part being imaged
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.