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

Please include Claim #: _____

Street Address:

City/Town:

Province: Postal Code:

Other Insurance? Third Party or Self Pay

Specify: _____

Contact Number:

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: _____

DI OFFICE USE ONLY

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** 131 Frederick Campbell Street Fergus ON N1M 0H3	Telephone: 519-843-2010 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.