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

Allergies:

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 ☐

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 Urgent	Within 48 hours
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:				☐ Peripheral Arterial Doppler	☐ Carotid Doppler
☐ Abdominal & Pelvic Ltd.	☐ Obstetrical/LMP: Required	☐ Groin ☐ Rt ☐ Lt	☐ Scrotum	☐ Venous Doppler ☐ Carotid Doppler	
☐ Abdominal	☐ BHCG - Quantitative: Required	☐ Prostate Biopsy	☐ Thyroid	☐ Leg ☐ Arm ☐ Rt ☐ Lt	
☐ Pelvic	☐ Endorectal Prostate PSA #: Required	☐ Other ____________		Physician Contact # ________	

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)	

Right Left

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

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

____

____

____

- 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

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**

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: __________

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.