



Request for Examination & Consultation



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<p>Name: _____</p> <p>HCN: _____</p> <p>Date of Birth: <u>DD/MONTH/YYYY</u></p> <p>Address: _____ Street/Town/Postal Code</p> <p>Telephone: _____</p> <p><input type="checkbox"/> Inpatient – Unit _____ <input type="checkbox"/> Outpatient</p> <p>Patient Transport: <input type="checkbox"/> Bed <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair</p> <p><input type="checkbox"/> MCP <input type="checkbox"/> WCC <input type="checkbox"/> NR <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Physician Information (please use stamp)</p> <p style="text-align: center;"><i>The ordering physician is responsible to follow-up on the exam report.</i></p> <hr/> <p>Physician Signature: _____</p> <p>Date: <u>DD/MONTH/YYYY</u></p> <p>Copy report to (please print): _____</p>
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<p style="text-align: center;">Type of Exam Required</p> <p><input type="checkbox"/> Interventional <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Computed Tomography</p> <p><input type="checkbox"/> Radiography <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear Medicine/BMD</p> <p>Specific Exam Requested: _____</p>	<p>Please Identify Urgency <i>Based on clinical assessment, Radiologist consult may be indicated.</i></p> <p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Non-urgent</p> <p><input type="checkbox"/> Follow-up (Specify Date): <u>DD/MONTH/YYYY</u></p> <p><input type="checkbox"/> Screening (Specify Date): <u>DD/MONTH/YYYY</u></p>
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Please indicate whether exam is being requested for a specific site or first available appointment. Please note that requesting a specific site may result in a longer wait time. First Available Appointment _____ Specific Site (indicate site):

Clinical Information (where relevant)

<p>Is patient on Warfarin, ASA or other anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is patient receiving Metformin or Glucophage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has patient received IV contrast in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has patient had an adverse reaction to IV contrast? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have contact precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the patient had a Barium study within the past week? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list allergies: <input type="checkbox"/> None _____</p> <p>LMP (for obstetrical use only): _____</p> <p>Height: _____ Weight: _____</p>	<p>Complete for exams requiring IV Contrast:</p> <p>Are there any of the following risk factors for contrast induced nephropathy (CIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Risk Factors: Age greater than 70 years, Diabetes Mellitus, renal disease, Nephrotoxic drugs, organ transplant, chemotherapy, cardiovascular disease, single kidney.</p> <p>If risk factor is present, please provide the patient's current* estimated GFR _____</p> <p>Date of last GFR: <u>DD/MONTH/YYYY</u></p> <p><i>*Outpatient: less than 6 months; Inpatient: less than 7 days</i></p>
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Please list all relevant patient medications: _____

Clinical Indications for Exam (including previous relevant exams):

Clinical Diagnosis: _____

For Diagnostic Imaging Use Only	
<p>Ordering Physician Notified: <input type="checkbox"/> Phone <input type="checkbox"/> Message <input type="checkbox"/> Mail</p> <p>Date Received: <u>DD/MONTH/YYYY</u></p> <p>Patient Preparation Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient Notified: <input type="checkbox"/> Phone <input type="checkbox"/> Message <input type="checkbox"/> Mail</p> <p>IV Contrast: <input type="checkbox"/> Yes <input type="checkbox"/> No Sedation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Exam Protocol: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>