

Lithotripsy Manual Booking Form - St. Joseph's Hospital
 1-800-461-6674 or 519-646-6168 Fax: 519-646-6231



☐ **Urgent** or ☐ **Elective**

Doctor's name and contact information to be added here

Patient Surname:	First Name:	
Date of Birth (YYYY/MM/DD)		
Address:	City:	Postal Code:
Telephone #:	Alternate #:	
Ontario Health Card #:	Version Code:	
Family Doctor Name:	Telephone #	

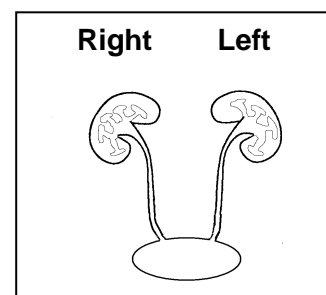
Please provide the following patient information & indicate on the diagram the location(s) of the stone

Bilateral ESWL is not routinely performed. Please indicate treatment side

- ☐ Right ESWL or ☐ Left ESWL
☐ Are you requesting a Stent Insertion?
☐ Patient is stented
☐ Retreatment

Imaging results must be included with the referral or referral cannot be completed and scheduling will be delayed until received.

Please note a KUB alone for the initial referral is not satisfactory. Either a KUB and ultrasound or a CT KUB are required.



Does the patient take ASA? ☐ yes ☐ no

If **YES** you must include documentation from GP/Cardiologist/Internist that patient can stop ASA 7 days before the procedure date. Lithotripsy appointment **WILL NOT be** booked until received.

Does the patient have a pacemaker or defibrillator? ☐ yes ☐ no

If yes please provide the following information:

Make: _____ Model #: _____

Serial #: _____ Date Implanted: _____

☐ Patient has a family history of Malignant hyperthermia

Please indicate which labwork has been arranged by you. Please cc St. Joseph's Lithotripsy and fax # 519-646-6231 on the lab requisition so that we receive a copy of the results

- ☐ Urine R&M ☐ Urine C&S ☐ CBC ☐ electrolytes, ☐ urea, ☐ creatinine
☐ ECG (only if diabetic on insulin)

Reminders:

- Fax the preoperative patient questionnaire with the booking form
- Fax a copy of the most recent clinic note
- Provide a CD to the patient of their imaging tests
- Please indicate your patient's preference for communication by checking one of the boxes below
 - ☐ Patient has indicated they do wish to receive notification by email
 - ☐ Patient has indicated they **do not** wish to receive any notification by email