Collingwood General
& Marine
459 Hume Street
Collingwood, ON L9Y 1W9

C.T. SCAN

Bookings Tel: (705) 444-8670
Fax: (705) 445-7593
Imaging Tel: (705) 444-8625

Please bring a Valid Health Card & Requisition with you to your appointment

NAME:_____ D.O.B._____

PHONE #_____ CELL/WORK #_____

HEALTHCARD #_____

ADDRESS:_____

NO SHOWS will be charged a $25 fee (we require 24 hrs notice for cancellations)
***Please arrive 20 mins before your appointment**

Appointment

Date:

Time:

CGMH is a scent free facility

EXAMINATION REQUESTED

☐ HEAD ☐ SINUS ☐ CHEST ☐ ANGIO_____

☐ SPINE ☐ NECK ☐ ABDOMEN ☐ EXTREMITY_____

☐ PELVIS ☐ OTHER_____

DIAGNOSTIC IMAGING
DO NOT USE

SERUM CREATININE LEVEL:_____ DATE:_____ (within 3 months)
ALLERGIES TO CONTRAST MEDIA ☐YES ☐ NO DIABETIC ☐ YES ☐ NO
DO YOU TAKE GLUCOPHAGE (METFORMIN) ☐ YES ☐ NO
There is a known risk of Contrast Induced Nephropathy with the IV administration of Iodinated Contrast media. All patients receiving contrast will require serum creatinine/ eGFR. **A booking for a contrast examination will not be given until this is provided.** The administration of contrast is based on the clinical indication and is at the discretion of the Radiologist.

PERTINENT CLINICAL INFORMATION
THIS AREA MUST BE COMPLETED

Clinical:

DIAGNOSTIC IMAGING USE ONLY

HEAD	A B C	CHEST	A B C	SPINE	A B C
SINUS	A B C	ABDOMEN	A B C	EXTREMITY	A B C
NECK	A B C	PELVIS	A B C		

OTHER_____ **CT WAIT TIME: P1 P2 P3 P4**

PREPARATION

***ALL PATIENT'S, NOTHING TO EAT OR DRINK 2 HOURS PRIOR TO EXAM**

READI-CAT REQUIRED: ☐ YES ☐ NO
If yes, patients **MUST** pick up 1 bottle of READI CAT at X-Ray Reception
***Finish drinking 1 hour before appointment time**

Osmitrol (Mannitol) REQUIRED: ☐ YES
If yes, patients **MUST** arrive 1 ½ hours before their scheduled appointment time

PYELOGRAM – Patient's **MUST NOT VOID** 2 hours prior to appointment time

***PLEASE BRING ANY OUTSIDE CHEST FILMS**

Physician's Signature

Physician's Name (please print)

Copy to Physician