CT

Computed Tomography (CT) Requisition

Providence HEALTH CARE

[X] ST. PAUL'S HOSPITAL
1081 Burrard St., Vancouver, BC V6Z 1Y6
Phone: 604-806-8071 Fax: 604-806-8437

[ ] MOUNT SAINT JOSEPH HOSPITAL
3080 Prince Edward Street,
Vancouver, BC V5T 3N4
Phone: 604-877-8323 Fax: 604-877-8132

TITLE	SURNAME	FIRST NAME
	Markoh	Mohark

PERMANENT ADDRESS: 1108-1444 Richards Street, Vancouver, BC

POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
V8B 3B8		(604) 536-6532	

DATE OF BIRTH	AGE	SEX
05/31/1932	77	Unknown

HEALTH CARE #	MSP	WCB	ICBC	OTHER
9787-874-841	[X]	[ ]	[ ]	[ ]

TO SCHEDULE AN APPOINTMENT PLEASE FAX OR MAIL COMPLETED REQUISITION TO CT DEPARTMENT

Infection Concerns?
[ ] YES [X] NO
SPECIFY: _____

Is the Patient Pregnant?
[ ] YES [X] NO

Previous IV Contrast Reaction?
[ ] YES [X] NO

Diabetes Mellitus?
[ ] YES [X] NO
MUST HAVE CREATININE RESULTS FOR DIABETICS.

Is Patient Taking Metformin?
[ ] YES [X] NO

Renal Function?
[X] NORMAL [ ] ABNORMAL
DATE of COLLECTION: 01/31/2022
eGFR (preferred): 73
or
CREATININE: 92

Allergies?
[ ] YES [X] NO
SPECIFY: _____

Exam Requested
High resolution Chest CT

Relevant History – Reason for Scan
High resolution R/O interstitial lung disease

Patient's Weight? 140 lbs

DATE: 11/03/2022

SIGNATURE OF AUTHORIZING PHYSICIAN

Relevant Previous Exams?
[X] X-Ray [ ] CT [ ] U/S
DATE: 08/09/2021
LOCATION: SPH

NAME: Dr. J Surkes Prac. No. 04499

ADDITIONAL COPY OF REPORT TO:
Erik Johannes Baasch
Phone: 604-531-5575 Fax: 604-535-0126

Department Use Only

[ ] With [ ] Without [ ] Oral PRIORITY: [ ] 1 [ ] 2 [ ] 3

[ ] Head [ ] Chest [ ] Abdomen [ ] Pelvis

Appointment Date: _____ Arrival Time: _____ CT Time: _____

Form No. PHC – RA090 (R. Nov-07)