CT. Computed Tomography (CT) Requisition

Providence HEALTH CARE

☐ 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

MR MISS MRS MS	SURNAME	FIRST NAME
	Oanic	Dicicic

PERMANENT ADDRESS

POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
	(604) 000-0000	(250) 033-3034	(604) 000-0000

DATE OF BIRTH (MONTH / DAY / YEAR)	AGE	SEX
1944-Oct-24	88 Yr	M

HEALTH CARE #	MSP	WCB	ICBC	OTHER
9393923393	☑	☐	☐	☐

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

Infection Concerns?
☐ YES ☑ NO
SPECIFY: _____

Is the Patient Pregnant?
☐ YES ☑ NO

Previous IV Contrast Reaction?
☐ YES ☑ NO

Diabetes Mellitus?
☐ YES ☑ NO
MUST HAVE CREATININE RESULTS FOR DIABETICS

Is Patient Taking Metformin?
☐ YES ☑ NO

Renal Function?
☑ NORMAL ☐ ABNORMAL
eGFR (preferred): 84
or
CREATININE: 63

Allergies?
☐ YES ☑ NO
SPECIFY: _____

Patient's Weight?
45 kg

Relevant Previous Exams?
☐ X-Ray ☐ CT ☐ U/S
DATE: _____
LOCATION: _____

Exam Requested

CT staging- Chest/Abd/Pelvis

Relevant History – Reason for Scan

rectosigmoid carcinoma staging
rectal bleeding and incontinence with change in bm
flex sig applecore lesion at 15 cm
CC; Ahmer Karrimuddin.

DATE	SIGNATURE OF AUTHORIZING PHYSICIAN
2022-Nov-03	

Please Print NAME
Robert Enns Inc. Prac. No. 07777

ADDITIONAL COPY OF REPORT TO: Tamar O'Shea &
Tamar O'Shea, A Karrimuddin

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. Jun-07)