

Waterloo Wellington Hospitals CT Requisition

Fax completed requisition to ONE Hospital:

☐ Cambridge Memorial Hospital: (CMH)

519-740-4990

☐ Waterloo Regional Health Network

☐ Groves Memorial Community Hospital: (GMCH)

519-843-7637

@ Midtown: (WRHN-M)

519-749-4296

☐ Guelph General Hospital: (GGH)

519-766-9982

@ Queen's Boulevard: (WRHN-QB)

519-749-6513

OFFICE USE ONLY

Exam Date: _____

Arrival Time: _____

Exam Time: _____

Patient Information

Other Reqs Associated to Patient? ☐ Y ☐ N

Last Name, First Name:

Health Card #:

VC:

DOB: DD/MM/YYYY

☐ Male

☐ Female

☐ Unknown

WSIB? ☐ Y ☐ N

Injury Date: DD/MM/YYYY

Street Address:

Please include Claim #:

City/Town:

Other Insurance? Third Party or Self Pay

Province:

Postal Code:

Specify:

Contact Number:

Email:

Required Patient Information:

Home: ☐ Y ☐ N Patient consents to leave message

Height: _____ (cm)

Weight: _____ (kg)

Other: ☐ Y ☐ N Patient consents to leave message

☐ Restricted Mobility

☐ Outpatient

Preferred Language: ☐ English ☐ Other: _____

☐ Pediatric Under 10 yrs

☐ In-Patient Rm/Loc

☐ Y ☐ N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print):

Signature

Urgency

☐ Urgent

☐ Semi-Urgent

☐ Routine

Contact #: _____ Fax#: _____

Date

Copy to (Please print)

Region/Organ of Interest:

Patient Safety Screening (physician to complete with patient)

Allergy to x-ray dye/contrast

☐ Y ☐ N

If yes, please describe type of reaction:

Clinical History/Indication (reason for exam):

Pregnant ☐ Y ☐ N LMP (specify) DD/MM/YYYY

Breastfeeding

☐ Y ☐ N

Renal Assessment**:

Kidney problems/disease

☐ Y ☐ N

Prior Kidney Surgery

☐ Y ☐ N

Dialysis

☐ Y ☐ N

High Blood Pressure Cardiovascular disease/Stroke/TIA

☐ Y ☐ N

Diabetes Mellitus

☐ Y ☐ N

If yes, is patient on Metformin/Glucophage

☐ Y ☐ N

Past/Current treatment with NSAIDs, Diuretics, Chemotherapy

☐ Y ☐ N

or other Nephrotoxic drugs

☐ Y ☐ N

Previous Relevant Imaging and Surgery (please specify):

Greater than 60 yrs of age

☐ Y ☐ N

**If you answered yes to any of the above, a creatinine and eGFR within the last 3 months must be provided

Creatinine: _____ Date: _____

eGFR: _____ Date: _____

DI OFFICE USE ONLY

Protocol:

WTIS Priority

WTIS Reason

☐ 1

☐ Staging/Diagnosis Ca

☐ 2

☐ Other

☐ 3

Requisition Received Date and Time:

☐ 4

DD / MM / YYYY

HR / MM

Initial: Rad

Tech

T: _____

Please indicate location of Imaging examination for Patient:

Cambridge Memorial Hospital 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2244 Fax: 519-740-4990 www.cmh.org	• CT Service is located in the hospital's Diagnostic Imaging Department the 1st Floor of the hospital's A Wing . All patients are asked to register in the department at their arrival time.
Groves Memorial Community Hospital 131 Frederick Campbell Street Fergus ON N1M 0H3	Telephone: 519-843-2010 xt.47013 Fax: 519-843-7637 www.gmch.ca	• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.
Guelph General Hospital 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• CT Service is located in the hospital's Diagnostic Imaging Department on the 3rd Floor of the hospital. All patients are asked to register in the department at their arrival time.
Waterloo Regional Health Network @ Midtown 835 King St. W Kitchener ON N2G 1G3 @ Queen's Boulevard 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-4262 Fax: 519-749-4296 www.wrhn.ca	• CT Service is located in the hospital's Department of Medical Imaging on the 2nd Floor of the hospital's D Wing . All patients are asked to register in the department at their arrival time.
	Telephone: 519-749-6455 Fax: 519-749-6513 www.wrhn.ca	• CT Service is located in the hospital's Diagnostic Imaging Department on the 1st Floor . All patients are asked to register in the department at their arrival time.

Exam Preparation

Cambridge Memorial Hospital	Abdomen/Pelvis: Pick up E-Z-Cat in Diagnostic Imaging Department at least 1 day prior to exam date. Nothing to eat 4 hours prior to exam time. Start drinking E-Z-Cat 1 hour prior to exam time. Drink completely ½ hour before exam time. Small Bowel Enterography and Colonography: Pick up instructions from your physician or from the Diagnostic Imaging Department at the hospital at least 3 days prior to the exam date
	All other exams: Nothing to eat 4 hours prior to exam.
Groves Memorial Community Hospital and Guelph General Hospital	All exams: Nothing to eat 3 hours prior to exam. Drink 2 x 12oz glasses of water prior to exam. You may void as needed as a full bladder is not required for this exam. Abdomen/Pelvis: Pick up Readicat in Diagnostic Imaging Department at least 1 day prior to exam date. Nothing to eat 3 hours prior to exam time. Start drinking Readicat 2 hours prior to exam time. Drink slowly to finish ½ hour before exam time. Small Bowel Enterography: Exam will last up to 1.5 hours. Clear fluids only for 24 hours. Take 1 bottle of Citromag (296 ml) at 4:00 pm the day before the examination. Citromag can be purchased at the pharmacy. Colonography: Pick up prep and instructions from the Diagnostic Imaging Department at the hospital at least 3 days prior to the exam date
Waterloo Regional Health Network (WRHN)	All Exams: May eat and drink normally prior to exam. Pediatric patients with sedation: Nothing to eat or drink 4 hours prior to exam time Pediatric patients without sedation: Nothing to eat or drink 2 hours prior to exam time Colonography: Pick up prep and instruction sheet from the Medical Imaging Department at the hospital at least 5 days prior to the exam date.

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, translation services are available.**
- You will be asked to remove any metal, jewelry, piercings that are in the area of the body part being imaged
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.