

Trillium Health Centre (CT Requisition) – WSIB & 3rd Party

100 Queensway West, Main Floor
Mississauga, Ontario L5B 1B8

Phone: (905) 848-7499

Fax: (905) 848-7349



IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE AT (905) 848-7499 TO CANCEL

IMPORTANT NOTICE: A booking will **not** be made for any CT examination unless **all** sections of this form are completed by the Referring Physician. If the test is being requested based on abnormalities found on an imaging study performed outside Trillium Health Centre, the relevant images/reports **MUST** accompany this requisition. **The "CT Patient screening" section must be completed and signed by the patient.**

<p>Patient Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Surname First Name </div> </p> <p>Address: _____</p> <p>City: _____</p> <p>Province _____ Postal Code: _____</p> <p>Date of Birth: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> Day Month Year </div> </p> <p>Accurate Weight (table capacity 450lbs): _____</p> <p>Height: _____</p> <p>Health Card #: _____ Version Code: _____</p> <p>Hospital Unit #: _____</p> <p>E-mail: _____</p>	<p>Diagnostic Imaging Protocol- CT tech use only</p> <hr/> <p style="text-align: center;">Patient Screening</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="text-align: left;">For all questions, please check "Yes" or "No"</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> </tr> </thead> <tbody> <tr> <td>1. Are you pregnant?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>2. Are you allergic to Contrast media containing Iodine?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td>3. Do you have any medication allergies?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table> <p style="margin-left: 20px;">If yes, please state:</p>	For all questions, please check "Yes" or "No"	YES	NO	1. Are you pregnant?	[]	[]	2. Are you allergic to Contrast media containing Iodine?	[]	[]	3. Do you have any medication allergies?	[]	[]									
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<p>Exam Requested: _____</p> <hr/> <p>Clinical Information: _____</p> <hr/> <hr/> <hr/> <p style="text-align: center; font-size: x-small;">*PLEASE ATTACH RELEVANT PREVIOUS REPORTS*</p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tbody> <tr> <td>4. Are you diabetic?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table> <p style="margin-left: 20px;">If "Yes", any prescription for Metformin must be discontinued for 48 hours after a contrast-enhanced exam. The patient will be given an information sheet after the examination.</p>	4. Are you diabetic?	[]	[]																		
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<p>Referring Physician: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>OHIP Billing Number: _____</p> <p>Phone #: _____</p> <p>Fax #: _____</p> <p>Physician Signature: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tbody> <tr> <td>5. Where possible please complete the following:</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">• BUN</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">• Creatinine</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tbody> <tr> <td>6. Does patient require an interpreter?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td colspan="3" style="padding-left: 20px;">Language: _____</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tbody> <tr> <td>7. Is the patient subject to claustrophobia?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td colspan="3" style="padding-left: 20px;"><i>*If 'Yes', medication is to be prescribed by ordering physician.*</i></td> </tr> </tbody> </table>	5. Where possible please complete the following:			• BUN			• Creatinine			6. Does patient require an interpreter?	[]	[]	Language: _____			7. Is the patient subject to claustrophobia?	[]	[]	<i>*If 'Yes', medication is to be prescribed by ordering physician.*</i>		
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<p>WSIB Claim #: _____</p> <p style="text-align: center;">or</p> <p>Insurance Claim #: _____</p> <p>Requisition Rec'd: _____</p> <p>Appointment time: ____/____/____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> Day Month Year </div> </p>	<p>Patient Signature: _____</p> <p>Technologist Signature: _____</p> <p>Don't forget:</p> <ul style="list-style-type: none"> Please arrive 30 minutes prior to appointment time to allow for registration. Bring your OHIP card. <p style="text-align: center;">Thank you.</p>																					