



Winchester  
District  
Memorial  
Hospital

566 Louise St, Winchester,  
Ontario K0C 2K0  
Phone: 613-774-2420 ext. 6241  
Fax Preferred: 613-774-5385

# CT SCAN REQUISITION

Date: \_\_\_\_\_

Out Patient  ER  In Patient Room: \_\_\_\_\_

Isolation-Type: \_\_\_\_\_

Walking  Wheelchair  Stretcher

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Postal Code \_\_\_\_\_

(Evening): \_\_\_\_\_

DOB: \_\_\_\_\_

/DD /MM /YY  Male  Female

OHIP # \_\_\_\_\_

Version Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Referring physician: \_\_\_\_\_

(Please Print)

Contact Phone #: \_\_\_\_\_

(Required)

Copy to: \_\_\_\_\_

WSIB Date of injury: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

Priority: \_\_\_\_\_  Stat  Urgent  Semi-Urgent  Routine

HEAD

NECK

CHEST

ABD

PEL

SPINE

Cervical

OTHER







Thoracic

Lumbar

Problem to be investigated: \_\_\_\_\_

Clinical History: *Appointment will not be made without a detailed relevant clinical history.*

**Please provide the latest eGFR or creatinine available with every requisition**

eGFR: \_\_\_\_\_ Date: \_\_\_\_\_

Creat: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Is your patient**

Over 70  Diabetic

Renal problem  Only 1 kidney

Specify: \_\_\_\_\_

Previous surgery: \_\_\_\_\_

Allergy history: \_\_\_\_\_

Physician signature: \_\_\_\_\_

**For DI department use only**

Protocol: \_\_\_\_\_

Priority: 1 2 3+ 3 4

Appointment date: \_\_\_\_\_

Pregnant  Y  N  Unsure

Lead Protection  Y  N

Protocolled by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FAXED REQUISITIONS PREFERRED**

**Fax:** 613-774-5385

**Phone:** 613-774-2420 ext. 6249

*If you are late for an appointment, you may have to be rebooked. If you cannot keep your appointment, please give 24hrs notice to cancel or reschedule.*

### **PATIENT PREPARATION FOR CT**

- Neuroradiological exams: CT of head, spine, angiography of head or neck**
  - No preparation
  
- Musculoskeletal exams: CT of extremities**
  - No preparation
  
- Thoracic exams: CT of chest including high resolution CT for interstitial lung disease, pulmonary emboli and routine chest**
  - No preparation
  - If patient is scheduled for a combination chest/abdomen and/or pelvis see prep below.
  
- Abdomen and Pelvis CT scans**
  - Nothing to eat for 4 hours prior to the scan but may have clear fluids and take all medications.
  - Patients will be required to drink several cups of oral contrast for approximately one hour before the scan.
  - Patients who have had a barium study (barium enema, GI series, GI follow-through) must wait 2 weeks before a CT of the abdomen and/or pelvis can be done.