



Thunder Bay Regional
Health Sciences
Centre

DIAGNOSTIC IMAGING

**INTERVENTIONAL
CONSULTATION REQUEST**

Place Patient Label with
Barcode Here

Guidelines:

1. Physician to complete requisitions. Incomplete requisitions will be returned resulting in delay of study.
2. Fax requisitions including Regional referrals to Diagnostic Imaging Central Intake **855-978-1862**
3. If any clarifications required, please contact Interventional Radiology Bookings office at 807-684-6559.
4. Requisition to be scanned into PACs. Completed requisitions will be filed in Interventional Radiology Bookings office.

Appointment Date & Time: _____ **Is the patient hearing impaired?** Yes No

A. PATIENT INFORMATION	
LAST NAME:	HC#: _____ VC: _____
FIRST NAME:	WSIB CLAIM#:
ADDRESS:	SELF PAY:
	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
POSTAL CODE:	DATE OF BIRTH:
RESTRICTED MOBILITY, DESCRIBE NEEDS:	HOME PHONE: _____
	CELL PHONE: _____
ISOLATION PRECAUTION:	WORK PHONE: _____

B. EXAM INFORMATION (MUST BE PROVIDED AND PLEASE BE SPECIFIC)	
PROCEDURE REQUESTED:	FLUOROSCOPY GUIDANCE <input type="checkbox"/> CT GUIDANCE <input type="checkbox"/> US GUIDANCE <input type="checkbox"/>
RELEVANT CLINICAL INFORMATION:	

C. MEDICAL HISTORY			
CONTRAST ALLERGY:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>MEDICATION</i>
HYPERTENSION:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ANTIPLATELET (ASA/PLAVIX): YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE:
RENAL DISEASE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ORAL ANTICOAGULANT (WARFARIN): YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE:
DIABETES:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OTHER:

D. BLOOD WORK	
DATE:	WHERE:
INR:	PTT:
PLATELETS:	CREATININE:

E. SIGNATURE	F. RADIOLOGIST APPROVAL
REFERRING PHYSICIAN NAME (<u>PRINT NAME CLEARLY & SIGN</u>)	ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/>
_____ <i>Print</i>	DI RECOVERY REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>
_____ <i>Signature</i>	