



## **Diagnostic Imaging**

## NIECT.

RHC	RADIOLOGY	
	CONSULTATION REC	
CT HOSPITAL		

☐ TBRHSC Diagnostic Imaging Central Intake 1-855-978-1862

☐ Riverside Diagnostic Imaging 807-274-4837

Patient Name:		
D.O.B. (YYYY-MM-DD):		
Address:		
City/Town, Prov:		
Postal Code:	Tel:	
Health Card #:		

☐ Dryden Diagnostic Imaging 807-223-8854

☐ Lake of the Woods District Hospital Diagnostic

Imaging 807-468-2367

	ATIONINEQUEST	City/Town, Prov:	
KE : Woods DISTRICT HOSPITAL		Postal Code:	Tel:
Regional Inpatient? Yes □ No □ Patient will walk in? □ Please schedule appointment □ Is the patient hearing impaired? Yes □ No □		Health Card #: Place Patient Label with B	
Does patient require an interpreter? Yes	□ No □		
Appointment Date:	Time:		
Guidelines:			
<ol> <li>Healthcare Provider to complete requisition</li> <li>Requisition is to be <b>faxed to location</b> who</li> </ol>			ng in delay of study.

3. If any clarifications required, contact the Booking Office at 807-684-5856 (Thunder Bay only). Lake of the Woods (Kenora only) at 807-468-9861 Ext. 2201.

Patient Name:	Date of Birth / / / day month year	
Home Phone Number: Work Phone Number:  Health Insurance Card Number:  Workplace Safety and Insurance Board (WSIB) Claim Number:  Employer:	Sex:   Male  Female  Version Code:	
Area to be examined:  1  2  Clinical Information:		
Does cast need to be removed prior to x-ray? ☐ Yes ☐ No  • Is the patient pregnant? ☐ Yes ☐ No Date of Last Menstrual Period:  • Does the patient have allergies? ☐ Yes ☐ No If yes, specify:  • For patients requiring intravenous contrast injection: Is the patient diabetic? ☐ Yes ☐ No Is the patient on Metformin? ☐ Yes ☐ No	PRIORITY ASSESSMENT:  1 - Immediate - Emergent 2 - Within 48 Hours - Inpatient/Urgent 3 - Within 10 Days - Semi-urgent 4 - Within 4 Weeks - Non-urgent	
Does the patient have known kidney disease? ☐ Yes ☐ No List medication(s):  Recent estimated Glomerular Filtration Rate (eGFR) Level (within one month)  Date:	TECHNOLOGIST USE ONLY:	
Healthcare Provider's Name (please print):  Healthcare Provider's Signature:		