Vancouver Coastal Health
Promoting wellness. Ensuring care.

MEDICAL IMAGING REQUISITION

☐ X-Ray ☐ CT ☐ Ultrasound ☐ Echo ☐ Angiogram/Interventional ☐ Nuclear Medicine

Any Site ☐ or Specify Site: _____ Appointment Date: _____ Time: _____

PATIENT INFORMATION

PHN_____ ICBC _____

WCB _____ Other _____

Name: _____

Address: _____

_____

Tel: _____ Other: _____

Date of Birth: DD MON YYYY M ☐ F ☐

Previous Images? Location: _____

PLACE MEDICAL IMAGING LABEL HERE

Escort Required	☐ Nurse	☐ Porter	☐ Volunteer	
Mode of transport	☐ Wheelchair	☐ Stretcher	☐ Bed	
Other	☐ O_2	☐ Isolation	☐ Portable	☐ IV Pump

DOCTORS TO COMPLETE THIS SECTION

EXAM(s) REQUESTED:

Physician should consult with Radiologist for Urgent and Stat cases

Priority
☐ Routine
☐ Urgent
☐ Stat

Able to give consent? ☐ **Yes** ☐ **No** **If the patient does not speak English, an interpreter MUST accompany the patient**

Pt diabetic ☐ Yes ☐ No
On metformin ☐ Yes ☐ No
Breast Feeding ☐ Yes ☐ No
Pregnant ☐ Yes ☐ No
LMP _____
G _____ P _____ A _____
Height _____ Weight _____
Previous contrast reaction?

PERTINENT HISTORY / MEDICATIONS:

Physician's signature Tel: Physician's MSP billing #:

Copies of report to:

This section MUST be completed if requesting CT

Is Kidney Function abnormal? ☐ Yes ☐ No Has patient had L-spine surgery? ☐ Yes ☐ No

If YES for any of the above **OR** if requesting a CT Abdomen/Pelvis **OR** Angiogram: a current (within 3 months) eGFR and Creatinine are **mandatory:**

eGFR: _____ Date: _____

Creatinine: _____ Date: _____

This section MUST be completed for all Core Biopsies, Angiograms and Interventional Procedures

INR: _____ Date: _____ * Does the patient take anticoagulant/anti-platelet medication? ☐ Yes ☐ No

PLATELETS: _____ Date: _____ If yes please list medications:

eGFR: _____ Date: _____

Creatinine: _____ Date: _____

*Patients may have to stop taking anticoagulant or anti-platelet medication prior to their appointment. If this is unsafe for your patient please consult a radiologist.

DEPARTMENT USE

Technologist: _____

Date: _____

No. of Images: _____

Fluoro Time/Dose: _____/_____

Shielding used: _____

Technologist comments on reverse

00083312, VCH.0026 June.2010

Incomplete Requisition Forms Will Be Returned

Facility	Address	Telephone	Fax
Bella Coola General Hospital	PO Box 200, McKay Street, Bella Coola, V0T 1C0	250-799-5311 ext 209	250-799-5350
Lions Gate Hospital	231 East 15th Street, North Vancouver, V7L 2L7		
	X-Ray	604-984-5775	604-984-5777
	CT	604-984-5776	604-984-5885
	Nuclear Medicine / Bone Density	604-984-5780	604-984-5781
	Ultrasound / Echocardiography	604-984-5721	604-984-5716
	Mammography (Screening)	604-903-3860	604-903-3870
Pemberton Health Centre	1403 Portage Road, Pemberton, V0N 2L0	604-894-6939 ext 227	604-894-6918
Powell River General Hospital	5000 Joyce Avenue, Powell River BC, V8A 5R3	604-485-3282	604-485-3254
Richmond Hospital	7000 Westminster Highway, Richmond, V6X 1A2		
	X-Ray/ CT/ Nuclear Medicine / Ultrasound	604-244-5104	604-244-5232
	Mammography (Diagnostic)	604-278-9711 ext 4243	604-244-5232
R.W. Large Memorial Hospital	88 Waglisa Street, Bella Bella, V0T 1Z0	250-957-2314 ext 234	250-957-2702
Squamish General Hospital	38140 Behrner, Squamish, V0N 3G0	604-892-6025	604-892-6072
St. Mary's Hospital (Sechelt)	5544 Sunshine Coast Highway, Sechelt, V0N 3A0	604-885-8608	604-885-8652
	CT	604-885-8622	604-885-8612
UBC Hospital	2211 Wesbrook Mall, Vancouver, V6T 2B5		
	CT/X-Ray/Fluoroscopy/Angio/Ultrasound	604-822-7080	604-822-9701
	Nuclear Medicine	604-822-7267	604-875-5009
Vancouver General Hospital	899 West 12th Avenue, Vancouver, V5Z 1M9		
	Angiography / CT	604-875-4366	604-875-5453
	GI / GU / Lithotripsy	604-875-4770	604-875-4228
	Gordon and Leslie Diamond Health Care Centre	604-875-4074	604-875-4071
	Nuclear Medicine / Bone Density	604-875-4611	604-875-5009
	Ultrasound	604-875-4340	604-875-4228
	X-Ray	604-875-4287	604-875-5831
Whistler Health Care Centre	4380 Lorimer Road, Whistler, V0N 1B5	604-932-4911 ext #2228	604-935-5326

Important Patient Information

- Plan to arrive 15 minutes early to give yourself adequate time for parking.
- An interpreter must accompany patients who do not speak fluent English or the exam may be cancelled.
- Children and other third parties are not permitted in the examination rooms. Please ensure that children under the age of 12 have someone to look after them during your exam or we will not be able to do your exam. Hospital staff cannot look after your children.
- A $50 cancellation fee may apply to cancellations with less than 24 hours notice
- ****Please bring your Care Card, WCB or ICBC information and Photo ID****

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Department Use