WELL Health | MEDICAL & LONGEVITY CENTRES

INTERVENTIONAL RADIOLOGY REQUISITION

Last Name	First Name	Middle Initial
Address	City / Province	Postal Code
Home Phone / Work Phone	PHN#	WCB/ICBC#
Date of Birth (DAY / MONTH / YEAR) / Gender ☐F ☐M / Weight Kg	Known Allergies	Priority: ☐ Routine ☐ Semi-Urgent ☐ STAT

SAFETY

Is the patient able to lie flat for 45 minutes?	YES	NO
Is the patient diabetic?	YES	NO
Is the patient pregnant or breast-feeding	YES	NO
Previous IV contrast reaction?	YES	NO
Is the patient able to give consent? (If the patient does not speak English they must be accompanied by an interpreter)	YES	NO
Is Kidney function abnormal?	YES	NO

If YES for the above **OR** if requesting a CT Abdomen/Pelvis **OR** Angiogram: a current (within 3 months) eGFR is **mandatory**.

eGFR: _____ Date: _____ INR: _____ Date: _____

Does the patient take anticoagulant/anti-platelet medication? YES NO

If YES please list medications:

*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.

AREA/TYPE OF EXAMINATION

TYPE OF SCAN: ☐ ULTRASOUND ☐ FLOURO ☐ CT-SCAN ☐ RADIOLOGIST TO DECIDE

AREA TO BE EXAMINED:

HISTORY

History & Clinical Diagnosis: (Please include prior surgery, special instructions if any)	List Previous Relevant Exams/Studies: (Please submit images & reports)	Medication List:

PHYSICIAN INFORMATION

Referring Physician (please print): _____

Referring Physician Signature (required): _____ Date: _____

College License #: _____ Phone#: _____ Fax#: _____

Additional Copies: _____

OFFICE USE ONLY

Date of Exam: ____ /____ /____ Time: _____ Contrast: _____ mls. _____ Initials: _____

Protocol:

Contrast? YES NO

Phone: 604.628.2822 Fax: 604.484.8141
Unit 107 - 555 West 8th Avenue, Vancouver, BC, Canada V5Z 1C6
www.welllongevity.ca

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GE 3.0T MRI Twice the field strength/spatial resolution of 1.5T **GE LightSpeed 64-Slice CT** Low radiation, high resolution

Diagnostic Services

MRI Scan

Abdomen
Pelvis
Arthrogram
Knees
Brain/Traumatic Brain
Breast
Enterography
MRV
Spine
Sedation MRI

CT Scan

Cardiac CT Angiogram (CCTA)
Cardiac Calcium Score
Arthrogram
Colonography
Abdomen
Kidney/Urethral/Bladder
Chest
Pelvis
Dental
Enterography
Extremity
Head
Spine

Ultrasound

Abdominal
Pelvis
Axillae
Biceps
Carotid
Groin
Kidney/Urethral/Bladder
Shoulder
Tendon
Testicle
Thyroid

Cardiac

24-hour Holter Monitor
Echo-cardiogram
Stress Test

Biopsy/Pathology

Liver Biopsy
Lymph Node
Aspiration Biopsy
Thyroid Biopsy

X-Ray

Spine
Chest
Flexion/Extension
Other

Full Body Screening

A combination of MRI and CT Scans.

Interventional Radiology

A variety of procedures are available.

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