

	NTERVEN	ITIONAL	L RA	ADIOLOGY RE	QUISITIO	N		
Last Name			First Name				Middle Initial	
Address			City		Province	Pos	stal Code	
Home Phone	Work Phone			HN#		WC	WCB/ICBC#	
Date of Birth  DAY MONTH YEAR	Gender Weight			Known Allergies			Routine Priority: Semi-Urgent STAT	
SAFETY								
Is the patient able to lie flat for 45 minutes? Is the patient diabetic? Is the patient pregnant or breast-feeding Previous IV contrast reaction? Is the patient able to give consent? (If the patient does not speak Englis				they must be accompanied I	by an interpreter)	YES YES YES YES	S NO S NO	
Is Kidney function abnormal?								
If YES for the above <b>OR</b> if requesting a CT Abdomen/Pelvis <b>OR</b> Angiogram: a current (within 3 months) eGFR is <b>mandatory</b> .								
eGFR: Date: Date: Date:								
Does the patient take anticoagulant/anti-platelet medication?  If YES please list medications:						YES	S NO	
*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 FLOUR			RO	RO CT-SCAN RADIOL		.OGIS	T TO DECIDE	
AREA TO BE EXAMINED:								
HISTORY								
History & Clinical Diagnosis: (Please include prior surgery, special instructions if any)  List Previous F (Please submit image)			nnt Exams/Studies: reports)	Medication	ı List:			
PHYSICIAN INFORMATION								
Referring Physician (please print):								
Referring Physician Signature (required):				Da		ate:		
				e#:				
Additional Copies:								
OFFICE USE ONLY								
Date of Exam: / / Time:							Initials:	
Protocol:						10		
				- Communication				

Phone: 604.628.2822 Fax: 604.484.8141

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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

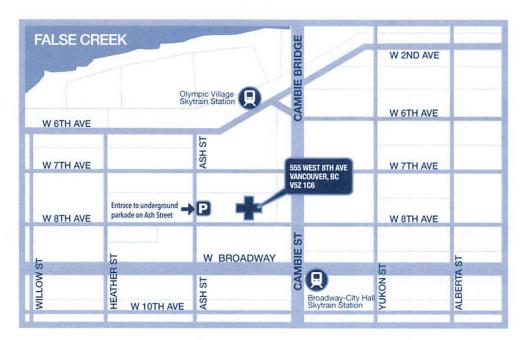
Other

## Full Body Screening

A combination of MRI and CT Scans.

## Interventional Radiology

A variety of procedures are available.



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