IR

Interventional Radiology (IR) Requisition

Providence HEALTH CARE

☐ ST. PAUL'S HOSPITAL
1081 Burrard St., Vancouver, BC V6Z 1Y6
Phone: 604-806-8071 Fax: 604-806-8437

☐ MOUNT SAINT JOSEPH HOSPITAL
3080 Prince Edward Street,
Vancouver, BC V5T 3N4
Phone: 604-877-8323 Fax: 604-877-8132

TO SCHEDULE AN APPOINTMENT PLEASE TUBE REQUISITION TO RADIOLOGY AND PRINT FORM RA101

Isolation Precautions?
☐ YES ☐ NO
SPECIFY: _____

Is the Patient Pregnant?
☐ YES ☐ NO

Previous IV Contrast Reaction?
☐ YES ☐ NO

Diabetes Mellitus?
☐ YES ☐ NO
MUST HAVE CREATININE RESULTS FOR DIABETICS.

Is Patient Taking Metformin?
☐ YES ☐ NO

Renal Function?
☐ NORMAL ☐ ABNORMAL
DATE of COLLECTION: _____
eGFR (preferred): _____
or
CREATININE: _____

Allergies?
☐ YES ☐ NO

Coagulation:
Platelets: _____
INR: _____
PTT: _____

Hematology:
HGB: _____
WBC: _____

Exam Requested

Relevant History – Reason for Scan

Relevant Previous Exams?
☐ X-Ray ☐ CT ☐ U/S ☐ NM ☐ MRI
DATE: _____
LOCATION: _____

DATE	SIGNATURE OF AUTHORIZING PHYSICIAN

Please Print NAME

_____ **Prac. No.** _____ **Pager#** _____

ADDITIONAL COPY OF REPORT TO: _____

PHC-RA130 (Apr-10)