

# DIAGNOSTIC IMAGING – CT SCAN

Huntsville District Memorial Hospital (HDMH)  
100 Frank Miller Drive  
Huntsville, ON, P1H 1H7  
T: 705-789-2311 x2242  
F: 705-788-1485

South Muskoka Memorial Hospital (SMMH)  
75 Ann Street  
Bracebridge, ON, P1L 2E4  
T: 705-645-4404 x3112  
F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name Last First

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Address

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Home Phone (    ) -                      Other Phone (    ) -

**Do not contact patient.** Provide appointment date/time to referring provider.

DOB YYYY / MM / DD  Male  Female

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OHIP

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**Isolation Precautions:**     Contact     Droplet/Contact     Airborne

**Special Instructions** (mobility, communication, etc): \_\_\_\_\_  Stretcher  Wheelchair  Ambulance

**Exam Request:**  Outpatient

Emerg Patient

Future date requested: \_\_\_\_\_  Inpatient (if req'd, bloodwork <7 days)

**Relevant Clinical History:** (please include enough detail for Radiologist to assign Cancer Care Ontario priority level)

WSIB Claim # \_\_\_\_\_

*Note: Patients wearing clothing without zippers, buttons or embellishments may not have to change for CT exams.*

**Please note:** Spines and/or extremities may not have contrast and therefore blood work may not be required

**Risk Factors for Contrast Nephropathy**

Renal insufficiency/solitary kidney/transplant     Hypertension

Diabetic     CHF/CVD     Previous Dialysis

Dehydrated     Nephrotoxic Medication

Renal Carcinoma     **NO RISK FACTORS**

Over 60 years old

**Allergies:**     Yes     No

Allergy to: \_\_\_\_\_

Previous IV contrast reaction

When & what type: \_\_\_\_\_

**Additional items of importance:**

Asthma     Breast Feeding     Pregnancy

Will the patient require sedation?  
(To be provided/administered by referring physician)

**If any CIN risk factors are present, provide the following:**

Blood work pending

**Creatinine (within 90 days):** \_\_\_\_\_    **Weight:** \_\_\_\_\_ kg    **eGFR:** \_\_\_\_\_

**Date of Lab Results:** \_\_\_\_\_    (Max table weight 200kg)

HDMH: Ordering physician **MUST** call radiologist on call after 2100hrs Monday-Friday, on holidays/weekends for urgent CTs.  
SMMH: Ordering physician **MUST** call radiologist on call after 2100hrs Monday-Friday, on holidays/weekends for urgent CTs.

Discussed with Radiologist    Radiologist Protocol code: \_\_\_\_\_    Approving Radiologist: \_\_\_\_\_

Referring Provider:	Signature:	
Copies to:	Date:	OHIP Billing #:

*Radiologist/ Office use only*

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requisition Rec'd: \_\_\_\_\_

**CCO Priority Level coding:** VERSION: September 2020

<input type="checkbox"/> Priority 1 (Emergent <24 hrs)	<input type="checkbox"/> T2 (Time Specific <48hrs)	<input type="checkbox"/> Breast Cancer Screening
<input type="checkbox"/> Priority 2 (Inpatient or Urgent <48hrs)	<input type="checkbox"/> T3 (Time Specific<10 Days)	<input type="checkbox"/> Cancer Staging and/or Diagnosis
<input type="checkbox"/> Priority 3 (Semi-Urgent <10 DAYS)	<input type="checkbox"/> T4 (Time Specific ROUTINE)	<input type="checkbox"/> Other
<input type="checkbox"/> Priority 4 (Non-Urgent <28days)		