



Interior Health

# MEDICAL IMAGING REQUISITION

### Booking Office Use

Appointment Date / Time \_\_\_\_\_

**IMPORTANT: Incomplete or illegible forms will be returned. Exam will be delayed or cancelled.**

Surname of Patient		First Name and Middle Initial		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date Received
Address			City / Town	Province	Postal Code
Personal Health Number			DOB: (dd/mm/yyyy)	Name of Physician & MSP Practitioner Number (or office stamp)	
Billable To: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORKSAFE BC Claim # _____ <input type="checkbox"/> Patient <input type="checkbox"/> Other: _____					
Telephone # (daytime)	Telephone # (other)	Telephone # (other)	Ordering Physician / Practitioner Phone:		
Available on short notice <input type="checkbox"/> Yes <input type="checkbox"/> No			Unavailable dates		
Allergies or previous drug reactions				Patient Height	Patient Weight
				Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Ambulatory <b>PRIORITY LEVEL</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> P1 Emergent (Physician must speak with radiologist) <input type="checkbox"/> Mechanical lift <input type="checkbox"/> P2 Urgent <input type="checkbox"/> P3 Semi-urgent <input type="checkbox"/> P4 Non-urgent <input type="checkbox"/> P5 Date Specific			Radiologist Protocol / Instructions:		
<input type="checkbox"/> Radiography Exam Requested					
<input type="checkbox"/> Ultrasound Exam Requested (provide details of pregnancy test, where appropriate)					
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Renal/Bladder	<input type="checkbox"/> Pelvis/Lower Abdomen	<input type="checkbox"/> Aorta	<input type="checkbox"/> Obstetrical LMP: _____	<input type="checkbox"/> Carotid
<input type="checkbox"/> Breast	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Scrotal	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> R	<input type="checkbox"/> L
<input type="checkbox"/> Axilla	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
<input type="checkbox"/> Nuclear Medicine Exam Requested			<input type="checkbox"/> Diabetic	<input type="checkbox"/> Vascular Access Device	Type of VAD _____
<input type="checkbox"/> Pertinent History / Reason for Exam (Required)					
<b>Exams Requiring IV Contrast</b> – Creatinine level and estimated GFR required within 30 days of exam for ALL:					
• Patients 60 years of age and older		• Patients with Renal Disease		• Patients with hypertension or heart disease	
• Diabetic Patients		• Patients on chemotherapy		• <b>Any prior reactions</b> <input type="checkbox"/> Yes	
Creatinine: _____ μmol/L		Est. GFR _____ mL/min		Date: _____	
Physician / Nurse Practitioner Name: (print)			Specialty:		Copy Results To:
Signature:			Date:		

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<b>Radiography Only</b>	<b>Phone</b>	<b>Fax #1</b>	<b>Fax #2</b>
<input type="checkbox"/> 100 Mile District General Hospital, 100 Mile	(250) 395-7615	(250) 395-7607	
<input type="checkbox"/> Arrow Lakes Hospital, Nakusp	(250) 265-3622	(250) 265-5224	
<input type="checkbox"/> Ashcroft Hospital & Community Health Centre, Ashcroft	(250) 453-2211	(250) 453-1926	
<input type="checkbox"/> Barriere Health Centre, Barriere	(250) 672-9731	(250) 672-5144	
<input type="checkbox"/> Chase Health Centre, Chase	(250) 679-3312	(250) 679-5329	
<input type="checkbox"/> Dr. Helmcken Memorial Hospital, Clearwater	(250) 674-2244	(250) 674-2477	
<input type="checkbox"/> Elk Valley Hospital, Fernie	(250) 423-4453	(250) 423-3732	
<input type="checkbox"/> Elkford Health Centre, Elkford	(250) 865-2247	(250) 865-2797	
<input type="checkbox"/> Invermere Hospital, Invermere	(250) 342-2322	(250) 342-2343	
<input type="checkbox"/> Kimberley Health Centre, Kimberley	(250) 427-2215	(250) 427-7389	
<input type="checkbox"/> Lillooet Hospital and Health Centre, Lillooet	(250) 256-1303	(250) 256-1302	
<input type="checkbox"/> Logan Lake Health Centre, Logan Lake	(250) 523-9414	(250) 523-6869	
<input type="checkbox"/> Nicola Valley Health Centre, Merritt	(250) 378-2242	(250) 378-3289	
<input type="checkbox"/> North Shore X-Ray Clinic, Kamloops (North Shore)	(250) 314-2420	(250) 376-8576	
<input type="checkbox"/> Pleasant Valley Health Centre, Armstrong	(250) 546-4700	(250) 546-8834	
<input type="checkbox"/> Princeton General Hospital, Princeton	(250) 295-4415	(250) 295-4066	
<input type="checkbox"/> Slocan Community Health Centre, New Denver	(250) 358-7911	(250) 358-7117	
<input type="checkbox"/> South Okanagan General Hospital, Oliver	(250) 498-5017	(250) 498-5098	
<input type="checkbox"/> South Similkameen Health Centre, Keremeos	(250) 499-3000	(250) 499-3001	
<input type="checkbox"/> Sparwood Health Centre, Sparwood	(250) 425-6212	(250) 425-0636	
<input type="checkbox"/> St. Bartholomew's Health Centre, Lytton	(250) 455-2221	(250) 455-6621	
<input type="checkbox"/> Summerland Health Centre, Summerland	(250) 404-8002	(250) 404-8005	
<input type="checkbox"/> Victorian Community Health Centre, Kaslo	(250) 353-2211	(250) 353-2747	

### **Radiography & Ultrasound**

<input type="checkbox"/> Boundary Hospital, Grand Forks (Boundary)	(250) 443-2100	(250) 443-2164	
<input type="checkbox"/> Castlegar & District Community Health Centre, Castlegar	(250) 304-1221	(250) 304-1235	
<input type="checkbox"/> Creston Valley Hospital, Creston	(250) 428-3837	(250) 428-3833 (Rad)	(250) 417-3516 (US)
<input type="checkbox"/> Golden Hospital, Golden	(250) 344-5271	(250) 344-3028 (Rad)	(250) 417-3516 (US)

### **Radiography, Fluoroscopy & Ultrasound**

<input type="checkbox"/> Cariboo Memorial Hospital, Williams Lake	(250) 302-3220	(250) 398-5892	
<input type="checkbox"/> Kootenay Lake Hospital, Nelson	(250) 354-2316	(250) 354-2328	
<input type="checkbox"/> Queen Victoria Hospital, Revelstoke	(250) 837-2131	(250) 814-2291 (Rad)	(250) 833-3628 (US/Fluoro)
<input type="checkbox"/> Shuswap Lake General Hospital, Salmon Arm	(250) 833-3607	(250) 833-3628	

### **Radiography, Fluoroscopy, Nuclear Medicine & Ultrasound**

<input type="checkbox"/> East Kootenay Regional Hospital, Cranbrook	(250) 420-2495	(250) 426-5610 (Rad/Fluoro/NM)	(250) 417-3516 (US)
<input type="checkbox"/> Kelowna General Hospital, Kelowna	(250) 862-4458	(250) 862-4357	
<input type="checkbox"/> Kootenay Boundary Regional Hospital, Trail	(250) 364-3416	(250) 364-3435	
<input type="checkbox"/> Penticton Regional Hospital, Penticton	(250) 492-9007	(778) 622-1828 (Rad/Fluoro/NM)	(250) 492-9094 (US)
<input type="checkbox"/> Royal Inland Hospital, Kamloops	(250) 314-2400	(250) 314-2326	
<input type="checkbox"/> Vernon Jubilee Hospital, Vernon (VJH)	(250) 558-1206	(250) 503-3721	