



☐ RUH ☐ SCH ☐ SPH ☐ Other _____

MEDICAL IMAGING REQUISITION

Patient address: _____ Phone #: _____

☐ STAT ☐ Emergent ☐ Urgent ☐ Non-urgent

Room #: _____

Precaution Status: ☐ Contact ☐ Contact + ☐ Droplet ☐ Droplet Contact ☐ Droplet Contact +
☐ Airborne ☐ Contact + Airborne ☐ No Precautions

Transportation:

☐ Portable ☐ Walk ☐ Wheelchair
☐ Stretcher ☐ Bed ☐ Carried

☐ CT ☐ Ultrasound ☐ Angio ☐ General

Procedure Requested:

Diagnosis/Pertinent Clinical and Investigational Information:

Attending Physician: _____

Ordering Physician: _____

Print Name: _____

Contact Number: _____

☐ Please check box if this is an interventional procedure

Nurse to complete lower section **ONLY** for interventional procedures. Complete as soon as physician has completed the upper portion so the procedure may be booked.

1. The following lab results need to be reviewed by the radiologist. Please check if they have been collected:

Hgb ☐ No ☐ Yes on chart/SCM/eHealthviewer
INR/PTT ☐ No ☐ Yes on chart/SCM/eHealthviewer
Urea/Creatinine ☐ No ☐ Yes on chart/SCM/eHealthviewer

For Medical Imaging Staff only (within acceptable ranges).

CBC/platelets Yes _____ No _____
INR Yes _____ No _____
PTT Yes _____ No _____
Creatinine Yes _____ No _____

2. Anticoagulation Medications – Dependant on the patient condition, anticoagulation therapy may need to be withheld prior to the majority of interventional radiological procedures. Please indicate the date last dose was given:

Warfarin: last dose – _____

Heparin: last dose – _____

ASA: last dose – _____

Clopidogrel (Plavix): last dose – _____

LMWH (Tinzaparin): last dose – _____

Novel anticoagulants (direct thrombin inhibitors, Factor Xa inhibitors): _____ last dose – _____

3. Is the patient ordered to be NPO? ☐ Yes ☐ No

Form completed by nurse _____

Print name _____

Technologist's initials _____

Scheduling Information (for Medical Imaging Staff): Date _____ Time _____