



# Computed Tomography Requisition

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			

**PATIENT LABEL**

**Medical Imaging Prioritization and Communication**

**To be completed by Medical Imaging personnel:**

Radiologist required

Notes for booking start:

**To be completed by booking personnel:**

Attempts to book:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Notes:

*Place flashcard  
label here*



Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_