

## Last Name: Chart Created: ☐ Yes ☐ No Encounter #: Age: Encounter Type: Primary Care Physician/Attending Physician: PATIENT LABEL

## **All Sites and Facilities** X-Ray/Fluoroscopy Requisition

Page 1 of 2 Department Use Only. Requisition Received Appointment: Date: Date: Time:

Important: "*" fields must be completed to	avoid delays in patient p	processing			
Patient Information					
Last Name*:	First Name*:			Personal Health	Number*:
Address*:	City *: Province:	Date of Birth*: Y	YYY-MM-DD		
Primary Phone*: Alternate Phone*:	/eight (kg)*: Interpreter Required: ☐ No ☐ Yes Specify Language:				
Bill To: MSP Insured ICBC WSI	BC ☐ Patient ☐ Othe	r: ICBC/WSBC Number:			
Mobility Requirements: Ambulance	Wheelchair Mecha	nical Lift			
Isolation precations:	Infection Concerns:	VRE Active TB MRSA C.diff Other:			
Outpatient Inpatient ER I	CU Cother:				
Ordering clinician timeframe request: (Note that the priority for scheduling the patient STAT (immediately taking precedence of P1: within 24 hours P2: 2 to 7 days	) over all other procedures	and within 30 minutes	s)		
MI reviewed Priority P Initials	-				
Exam Category: (Note: Bone Mineral Der X-ray Fluoroscopy Pediatric le Portable: Reason:			Itrasound ha	ve separate requi	ísitions.)
Exam Requested*:		Ordering clinician name (print)*:			
		MSP #*:			
		Signature: Copies to*:			
		Phone #*:		Urgent re	eport requested
Previous Relevant Exams:					
Previous Centre:					
Clinical Findings / History / Clinical Que	estion (must be legible)*				
	,				
Technologist Use Only		☐ Mini-C Used FI	uoro Time:		
,	able 🗌 Pb	# of Images:			
	<del>_</del>	Start Time:			
_		Finish Time:			
Tech comments:					





## **All Sites and Facilities**

Last Name:				
First Name (Pref	erred Name):			
Encounter #:	NH#		Chart Created: ☐ Yes	□ No
DOB:	Gender:	Age:	Encounter Type:	
Responsibility for	Payment:	PHN:		
Primary Care Ph	vsician/Attending	Physician:		

X-Ray/Fluoroscopy Requisition	Page 2 of 2	PATIENT LABEL	
FOR MEDICAL IMAGING USE ONLY:			
MEDICAL IMAGING PRIORITIZATION AND COMMUNICATION	Place flashcard		
To be completed by Medical Imaging personnel:	label here		
Radiologist required Notes for booking staff:			
To be completed by booking personnel:			
Attempts to book: 1.			
2.			
3.			
Notes:			
Appointment date: Time:			
		Place flashcard label here	