



Request for Diagnostic Imaging

APP. DATE: _____

Name: _____
 Sex: M F
 HSC# _____
 OHIP Health Card # _____
 Date of birth: _____
 Address: _____
 City: _____ Province: _____ Postal code: _____
 Parent / guardian: _____
 Telephone: _____
 Registration # _____ ADDRESSOGRAPH

For MRI – Please complete **Request for MRI Form**
 For IGT – Please complete **Request for IGT Form**
 See reverse for the Modality contact information

1. Will the patient be able to be cooperative and remain still for this exam? Yes No
 If not, the patient may require sedation or general anesthesia. See reverse of this form for guidelines.

Patient weight _____ kg Height _____ cm Age: _____

2. Exam requested X-Ray GI-GU Ultrasound CT Nuclear Medicine

3. History and indications for exam (working or known diagnosis, symptoms, clinical findings)

4. Additional relevant history and comments (previous reaction to contrast, allergies, isolation, cardiac anomaly, special positioning, etc.)

5. Preferred date of exam: _____
 Reasons for the preferred date:

6. Referring physician
 First name: _____ Last name: _____ Department: _____
 Address: _____ Fax #: _____
 Contact numbers: 1. _____ 2. _____
 7. Ordering clinician Signature: _____ Print name: _____
 Please print SickKids STAFF physician name: _____ Date: _____ Time: _____

Incomplete, illegible or inaccurate forms will be returned to you, resulting in a delay in obtaining an appointment.

DI USE ONLY		Patient pregnant Y <input type="checkbox"/> N <input type="checkbox"/>
Comments:		
Urgency <input type="checkbox"/> Emergent (<24 hours) <input type="checkbox"/> Inpatient or Urgent (<2 days) <input type="checkbox"/> Semi-Urgent (<10 days) <input type="checkbox"/> Elective <input type="checkbox"/> Specified time procedure Radiologist's initials:	Protocol: Technologist initials: Radiologist initials:	Booking Date received: _____ Appt. date: _____ Appt. time: _____ Arrival time: _____ Referring MD notification date: _____ Family notification date: _____

Request for Diagnostic Imaging

Diagnostic Imaging Contact Information

Modality	Location	Telephone	Fax
X-Ray	Main floor – Atrium	(416) 813 - 4960	(416) 813 – 6043
GI-GU	2 nd floor - Elm Wing	(416) 813 - 6068	
Ultrasound	2 nd floor- Black Wing	(416) 813 - 6082	
Nuclear Medicine	2 nd floor – Elm Wing	(416) 813 - 6065	
CT	2 nd floor – Elm Wing	(416) 813 - 6070	

Diagnostic Imaging Booking Procedure

1. Exams will be requested by a Physician or under a SickKids Medical Directive. If the requester is not the attending physician, the staff physician name has to be included with the request.
2. Exams will be booked upon receipt of a signed Request for Diagnostic Imaging form and approval by a Radiologist. All required information has to be included, or the form will be returned to you for completion resulting in a delay in booking the exam.
3. A history and physical summary may be required for patients requiring GA.
4. If the request for diagnostic imaging consultation is Emergent (within 24 hours), please call the department to consult with the Radiologist. We will still need the Request for Diagnostic Imaging form prior to granting an appointment. You may fax the form at the number listed on this form. Any questions you may have should be directed to the appropriate Modality (see the phone numbers on this form).

General guidelines for sedation or general anesthetic (GA) in Diagnostic Imaging

Modality	Parameters
CT	On average the patient needs to remain perfectly still for 5 to 30 minutes. Generally infants under 6 months old can be done as "feed and sleep". Children 6 months to 4 years old may require general anesthesia to ensure immobility during the scan. Older children may require sedation or general anesthesia if they are uncooperative.
Nuclear Medicine	Children less than 5 years old requiring a Bone Scans or MIBG may require a GA due to the length of the exam.
GI/GU	Children rarely require sedation but this is determined case by case by GI/GU staff.
Ultrasound	Children rarely require sedation or general anesthesia for ultrasound.
X-ray	Children rarely require sedation or general anesthesia for x-ray imaging.

If you have any questions regarding possible need for sedation or general anesthetic please contact the appropriate Modality.