RVH
Royal Victoria Regional Health Centre

INTERVENTIONAL RADIOLOGY REQUEST

Department of Imaging Services
Royal Victoria Regional Health Centre
201 Georgian Drive
Barrie, Ontario L4M 6M2
Tel. (705) 739-5610
Fax. (705) 739-5649

PROCEDURE

____

REQUESTING PHYSICIAN SIGNATURE

____

PATIENT INFORMATION

Name: ______________________________

HRN: ______________________________

PHIN: ______________________________

Date of Birth: ______________________________

Telephone: ______________________________

In-patient : ________ **Out-patient:** _________

CLINICAL HISTORY (must be completed)

Relevant Imaging: ☐ RVH ☐ Other **Specify Hospital:** __________________________
Patient Anticoagulated? ☐ Yes ☐ No **Specify Drug:** __________________________
Allergy to Contrast Media? ☐ Yes ☐ No **Specify Allergy:** __________________________
Renal Dysfunction? ☐ Yes ☐ No
Diabetic on Metformin? ☐ Yes ☐ No

RADIOLOGIST USE

Booking Code: 1 2 3
Surgical Day Care: ☐ Yes ☐ No
Conscious Sedation: ☐ Yes ☐ No
Laboratory Data: ☐ INR ☐ PTT ☐ Platelets
☐ Creatinine
1 2 3 4 Weeks

Additional Instructions:

RADIOLOGY BOOKINGS USE