

Request for Interventional Radiology

Humber River Hospital
 1235 Wilson Ave. **LEVEL 2 EAST**
 Toronto, ON M3M 0B2
Phone 416-242-1000 Ext. 63311 **Fax** 416-242-1078



Patient Information

Name _____
 OHIP # _____ VC _____
 DOB (d/m/y) _____ Sex M F
 Address _____
 City _____ PC _____
 Phone _____

Appt. Date _____ Appt. Time _____

Tube/Catheter Device Procedures

1. Select Device

- Abscess Drain Tube
- Biliary Drain Tube
- Chest Tube
- Dialysis Catheter _____
- Gastrostomy Tube
- Jejunostomy Tube
- Nephrostomy Tube
- Vascular Access Port
- PICC
- Other _____

2. Select Procedure

- Insertion
- Removal
- Recheck
- Exchange

Non-Tube/Non-Catheter Device Procedures

Vascular

- Angiogram
- Coil Embolization
- Embolic Protection Device Insertion
- Embolic Protection Device Retrieval
- Specify Vessel(s) _____

Vertebral Augmentation

- Kyphoplasty
- Vertebroplasty
- Specify Level(s) _____

Renal

- Fistulogram With Angioplasty
- R L Nephrostogram

Cardiac Pacemaker

- Single Lead Pacemaker Insertion
- Dual Lead Pacemaker Insertion
- Battery Pack Change
- Lead Change

Obstetric

- Fallopien Tube Cannulation
- LMP (d/m/y) _____

Other Test Not Listed

Clinical Information

Referring Doctor Information

Name (PRINT) _____
 Address _____
 City _____ PC _____
 Phone _____ Fax _____
Signature _____
 CPSO # _____ Billing # _____

Supplementary Information

- Height _____ cm Weight _____ kg
- Y N Pregnant, Breastfeeding
 - Y N Diabetic
 - Y N Hypertension
 - Y N Other Cardiovascular Disease
 - Y N Respiratory Disease
 - Y N Kidney Disease
 - Y N On Hemodialysis
 - Y N Gout
 - Y N Allergies _____

Patient Medication List

- Y N Metformin
- Y N ASA _____ mg
- Y N Warfarin, Heparin
- Y N Apixaban, Rivaroxaban, etc.
- Y N Clopidogrel, Ticagrelor, etc.
- Y N Dabigatran
- Y N NSAIDs
- Y N Other _____

Patient Laboratory Test Results

Creatinine _____ μ mol/L
 GFR _____ mL/min/1.73m²
 INR _____
 PTT _____ sec.
 Hb _____ g/L
 Platelets _____ x 10⁹/L
 Hct _____ L/L
 CBC _____ cells/mcl
 Blood Collection Date (d/m/y) _____

Form # 103237, version (09-2020)

INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITION FORMS WILL BE RETURNED



10060000011