

Adequate completion of Radiology request forms — are referrers helping us to help them?

Dr Bhim Ji Odedra

Department of Radiology, St Paul's Hospital, Vancouver, British Columbia.

bhimodedra@gmail.com



- Radiology request forms are key communication tools between the referring physician and the radiologist/technologist.
- Several standards described in reporting and communicating imaging studies.
- But there is a relative lack of guidelines describing the standards expected from a referrer when completing a radiology request form.
- Increasing number of imaging studies performed:
 - In 2012, Canadians underwent 1.7 million MRI exams and 4.4 million CT exams. Nearly double the number performed in 2003 [1].
- There is a challenge to provide the right radiological examination at the right time.



CAR Standard for Communication of Diagnostic Imaging Findings



Standards for the communication of critical, urgent and unexpected significant radiological findings

Second edition



ACR PRACTICE GUIDELINE FOR COMMUNICATION OF DIAGNOSTIC IMAGING FINDINGS

- Most protocoling performed by fellows, ie me.
- Interventional Radiology performed by fellows, ie me.
- Without the correct information on request forms the right test or procedure may not be performed at the right time.
- Variable quality and quantity of information on a wide range of request form formats.

- Most protocoling performed by fellows, ie me.
- Interventional Radiology performed by fellows, ie me.
- Without the correct information on request forms the right test or procedure may not be performed at the right time.
- Variable quality and quantity of information on a wide range of request form formats.

Lab Last Creatinine Level:

CT Head

Required Date:

keason for Exam:

History:

n/a

Priority: Urgent

17-Nov. 2013

Trauma

Wine and cheese party gone wrong

Computed Tomography (CT) Requisition PERMANENT ADDRESS WORKPHONE HOME PHONE POSTAL CODE CELL PHONE ☐ ST. PAUL'S HOSPITAL 1081 Burrard St., Vancouver, BC V6Z 1Y6 AGE SEX DATE OF BIRTH SMONTH / DAY / YEAR) Phone: 604-806-8071 Fax: 604-806-8437 MOUNT SAINT JOSEPH HOSPITAL. ICBC OTHER MSP WCB 3080 Prince Edward Street, HEALTH CARE # Vancouver, BC V5T 3N4 Phone: 604-877-8323 Fax: 604-877-8132 TO SCHEDULE AN APPOINTMENT PLEASE FAX OR MAIL COMPLETED REQUISITION TO CT DEPARTMENT Exam Regrested Infection Concerns? DNO ☐ YES SPECIFY: Is the Patient Pregnant? □ YES **Previous IV Contrast Reaction?** ☐ YES **Diabetes Mellitus?** □ YES Relevant History - Reason for Scan MUST HAVE CREATININE RESULTS FOR DIABETICS Is Patient Taking Metformin? ☐ YES I NO **Renal Function?** □ NORMAL □ ABNORMAL DATE of COLLECTION: eGFR (preferred):

CREATININE:

PATIENTS GENDER: F PHN NUMBER: BC Outpatient Impatient Emergency Utgent	Contract of the Contract of Co			Mills Memorial Ho
DATE OF BITTH: DATE REQUEST RECEIVED: PATIENTS GENDER: F PHN NUMBER: BC PHONS H: Contrated Impellent Emergency Urgent To INPATIENTS and EMERGENcy petients, an up-to-date GFR and Creatinine Must be done To EXAM REQUESTED: CT lumbosacral spine PHYSICIAN SIGNATURE: TEXAM REQUESTED: T lumbosacral spine PHYSICIAN SIGNATURE: A Magain please may phose number: HISTORY, CLINICAL FENDINGS, TENTATIVE DIAGNOSTIS (Please About Copins of Constitution, Radiology Reports) RT leg scients SX. Weakness with dorsifiesion of a substance known as contrast, to improve the diagnostic value of the study. The need for the contrast agent is determinantly a radiologist and your dector. A actinologist, a resolution to light touch. RADIOLOGIST'S NOTES:	PATIENT'S NAME:			
PATIENTS GENDER: F PHN NUMBER: BC PHONE H:	DATE OF BIRTH:	1		
PHONE H: Outpatient Inputient Emergency Urgent	PATIENTS GENDER: F	E .	JE REG	GEST RECEIVED:
PHONE H:		1	V 14	
Or INPATIENTS and EMERGENCY patients, an up-to-date GFR and Creatinine NUST be done T EXAM REQUESTED: CT lumbosacral spine DATE: 0 PHYSICIAN SIGNATURE: PHYSICIAN SIGNATURE:		-		NHH: CO
or INPATIENTS and EMERGENCY patients, an up-to-date GFR and Creatinine MUST be done IT EXAM REQUESTED: CT lumbosacral spine DATE: C REPAYSICIAN SIGNATURE: PHYSICIAN SIGNATURE: PHYSICIAN SIGNATURE: PHYSICIAN SIGNATURE: PHYSICIAN SIGNATURE: PHYSICIAN SIGNATURE: White to depend The Example phose mode phone number: HISTORY, CLINIGAL FINDINGS, TENTATIVE-DIAGNOSIS (Fleece Affect Copies of Consotrations, Redictory Reports) RT leg sciatic SX. Weakness with dorsification Rt ankle, L4-5 decreased sensation to light touch. RADIOLOGIST'S NOTES:	_	- Mari	000	Disgnostic
T EXAM REQUESTED: CT lumbosacral spine DATE: C RIDERING PHYSICIAN: PHYSICIAN SIGNATURE: All About phose notes phose notes phose number: HISTORY, CLINICAL FINDINGS, TENTATIVE DIAGNOSIS (Please Affact) Copies of Consotrations, Radiotopy Reports) RT leg sciatic SX. Weakness with dorsification Rt ankle, L4-5 decreased sensetion to light touch. RADIOLOGIST'S NOTES:			restini	ne MUST be done
OPIES TO: # Altopant please and				
HISTORY, CLINICAL FINDINGS, TENTATIVE DIAGNOSIS glesses Albach Coglas of Consolitations. Redicing Reports) RT leg sciatic SX. Weakness with dorsifiexion Rt ankle, L4-5 decreased sensation to light touch. RADIOLOGIST'S NOTES:	RDERING PHYSICIAN:	PHYS	HCIAN :	SIGNATURE:
HISTORY, CLINICAL FINDINGS, TENTATIVE DIAGNOSIS glesses Albach Coglas of Consolitations. Redicing Reports) RT leg sciatic SX. Weakness with dorsifiexion Rt ankle, L4-5 decreased sensation to light touch. RADIOLOGIST'S NOTES:	OPIES TO:		#1b	Mark to Ogred
Althoracy Dignosture: Witness Near Witness	7 2 2			1
Witness Near Miness Near Miness Near Near Near Near Near Near Near Near	Plateiat Connent for IV Contrast - MURT BE SIGNED Your examination will require the administration of a extension need for the contrast agent is determined by a radiologist and y when hy your arm. The risk of a sendure receive in accessibility is reaction table court. Your standingtion will be conducted in an a treaction table court. Your standingtion will be conducted in an a underminated accept the number, anticipated effects and send agree to the use in performing this x-xay procedure. It is incrovided by. It have read and understand the entire contents the information of this form.	known as co our dector, i ow, and ever area staffed a possible ris so attest the of Sale form	ntreat, to t techno mild re- and equi- iks of the at the at	in improve the diagnostic value of the study. The logist, a radialogist or a nurse will inject it into a nurse inject into cops with auch reactions. In regardate (by (continual) as described above lower information is correct to the basis of my had the opportunity to ask quastions regards.
is there any postability you are placetum? Do you settler from authors, has feeling? Have you ever had contead or X-rey day labeded before? Passe you ever had contead or X-rey day labeded before? Evemptor (VP, Venogers, Interiogrape, CT Soac Do you have a history of alongic reactions? Passe describer. Passe describer. If YES, you have discribed associated before? If YES, are you have a history of a largic reactions? Passe describer. If YES, you have discribed associated before? If YES, are you been discribed of this appointment. GER: PAGS ID: PAGS ID:	Platfalt Consent for IV Contrast - Multir BE SIGNED Your examination will require the administration of a substance your examination will require the administration of a substance with it yeld arm. The risk of a sector error or activation that readon mits count. Your reamination will be conducted in an Lundormaniam account. Your reamination will be conducted in an lundormaniam account. Your reamination will be onducted in an arms spring to be use in performing this xxx by procedure. It all invovidedge, I flavor mad and understand the writer contents the Information by this form.	known as co our dector, it our dector, it and startfed a possible ris so attest the of Shie form	ntreat, is a techno mild re- and equip iks of the at the at	e injectable dys (contrast), as described above bove information is correct to the best of my a had the opportunity to ask questions regards
Is there any possibility you are phonomet? Do you cauther from safety accounts? Press on white or history of elegate the phonometry of the property of the pression of the p	Platfeld Consent for IV Contrast - Multit BE SIGNED four extendance will require the administration of a substance may be contrast agent to determined by a radiatogist and by resolution that goods. Your maintration will be conducted for an contrast and aministration will be conducted for an understandant account your maintration will be conducted for an contrast agree to be usen in participanting this school effects for the information by the form. Signature: Anterioriting to patient.	eta ojdisacog distribución distribución distribución	ks of the at	e Injectable dya (contrast) as desorthed above sove Information is correct to the best of my had the opportunity to ack questions regards Dete:
# you use an Inhale, have you begulp it with you? # Have you ever had curricate or X-ray dy a Inhabeted bishrier? beampire (VP, Venogamen, Afferingmen, CT Scene Do you have an Inisting of alergic reactione? Have you been disciplinated with Disbeleen/Autical Avacoma? Do you bate Medicrinite/Aboophage? HYES, you be the Medicrinite/Aboophage? HYES, you be the Medicrinite/Aboophage? HYES, you have deep know the step inhale for 4th hours ballone and 4th hours after CT Scanni Dryon have after CT Scanni HYES, are optimated blood test for Creditine and GFR nouse be done within 3 incelled of this appointment. GFR:	Platfield Consent for IV Contrast - Multit BE SIGNED four extending will require the administration of a substance mod for the contrast agent is determined by a realizaget and y weak young min. The table of a section reception is exceedingly as such young min. The table of a section reception is exceedingly as such young min. The table of a section reception is exceedingly as such young min. The table of the section will be considered in min undermined and accept the nuttien, an allocated effects and undermined and accept the nuttien, an adjusted effects and undermined to the size in performing this x-ray procedure. I all the information on this form. Signature. **Retetenthip to patient.** **Allocated Signature.**	possible ris	ks of the at	e Injectable dya (contrast) as desorthed above sove Information is correct to the best of my had the opportunity to ack questions regards Deta:
Have you care had curriest or X-ray of a hipebad bishner's Every for Viry Venogram, Antisography, CT Sosse Every for Viry Venogram, Antisography, CT Sosse Describe: Do you have a history of alergic readitions? Please deecrbe: Have you been discipnosed with Disboles/Autiside/Avanoms? Do you have deformite/Galoophoge? If YES, you have descreeded Kolney Function or are over 10 years and R hours office CT Sosni Bryou have decreeded Kolney Function or are over 10 years of age? If YES, an updated blood test for Creditine and GFR name of the derive within 3 months of this appointment. GER: PAGS ID: PAGS ID:	Pidifield Consent for IV Contrast - Multir BE SIGNED Your examination will require the administration of a substance your examination will require the administration of a substance you have been a substance of the substance with it yeld parm. The risk of a substance property a radiologist and you wish it yeld parm. The risk of a substance property and readon mitted count. Your scenariogists will approach understand and supply to nature, anticipated effects and sure styres to the use in performing this x-x-y procedure. It all forevoiredge, I flave mad and understand the underscenario the Information by this form. Signature: Althono Organium: Interesting to possibility you are plage from to sending Request for C Is finere any possibility you are plage family.	possible the construction of the construction	ks of the at the	e Injectable dya (contrast) as desorthed above sove Information is correct to the best of my had the opportunity to ack questions regards Deta:
Do you have a history of allargic reactioned Press detect his: YES Ordering	Plateist Consont for IV Contrast - MUST BE SIGNED Your extendance will require the administration of a substance need for the contrast agent is determined by a radiotogist and y with in your arm. The risk of a serious reception is accordingly in recedion mile court. Your standington will be conducted in an a fundermandance accept the neutron, analogable difference and part agree to its use in performing this x-ray procedure. I all receding the process of the serious serious and the order contents for the process of the serious serious serious and the order contents for the information by this form. Signature: Authorso dignature: authorizing the process of the process of the serious of the serious serious and the serious serious and the serious se	posetble risting attest the of this form With the control of this form With the control of this form YES	iks of the at th	e Injectable day (contrast) as desorthed above solven information is correct for the best of my shad the opportunity to ack quastions regardle Detainment. Mills Mannalal Hasnital
Do you have Medicenter/Subophoge? If YES, you thous deep incline places for 48 hours before mind 48 hours of 50 hours before mind 48 hours offer 7 down! Do you have decreeded Kidney Function or are over 70 years of age? If YES, an updated clood test for Creditinths and SFR nounce be done within 3 months of this appointment. GRAP: PAGS ID: PAGS ID:	Plateist Consont for IV Contrast - MUST BE SIGNED Your extendance will require the administration of a substance need for the contrast agent is determined by a radiotogist and y with in your arm. The risk of a serious reception is accordingly in recedion mile court. Your standington will be conducted in an a fundermandance accept the neutron, analogable difference and part agree to its use in performing this x-ray procedure. I all receding the process of the serious serious and the order contents for the process of the serious serious serious and the order contents for the information by this form. Signature: Authorso dignature: authorizing the process of the process of the serious of the serious serious and the serious serious and the serious se	PoseiDia ristino attest the control of Shis form With the con	iks of the aid. I have	e Injectable day (contrast) as desorthed above solven information is correct for the best of my shad the opportunity to ack quastions regardle Detainment. Mills Mannalal Hasnital
If YES, you never they string issues for 48 hours before and 48 hours after CT doesn't place and 48 hours after CT doesn't place of agr." Dir you have decreesed Kidney Function or are over 10 years of agr." If YES, an updated blood test for Creditims and GFR hours be done within 3 mortifie of this appointment. GER: GER: PACS ID: PACS ID:	Platfally Comment for IV Continest - ATURY BE SIGNED Your expanisation will require the administration of a substance your expanisation will require the administration of a substance you have been a substance of the substance with it yeld your. The substance is described and y readon with court. Your assumetingthen will be conducted for an understandamd accept the nature, anticipated effects and sured spread to be use in performing this x-x-ty procedure. It also revokedge, I laye mad and understand the understand the information by this form. Signature: Althono Signature: Sig	With Services.	iks of the at a. I have	e Injectable days (contrast) as described above solven information is correct to the best of my what the opportunity to ack questions regards Dete: Mills Mamarial Hospital L
Did you have decreased Kidney Function or are over 10 years YES Office of age? YES, an updated alood test for Creditifine and GFR nounble down within 5 months of this appointment. GFR: PACS ID:	Pisticit Consent for IV Contrast - Multit BE SIGNED Your extendination will require the administration of a substance mod for the contrast agent is determined by a radiologist and y with in your arm. The risk of a substance read by a radiologist and y with in your arm. The risk of a substance read to a radiologist and y with in your arm. The risk of a substance read to accordingly in undermined accept the nuttien, and logistic division in a undermined accept the nuttien, and logistic division in a undermined accept the nuttien, and logistic division. I all reduces the nuttien in a substance of the contents of the information by file form. Signature: Carettonarip to patient. Alliance dignature: unstimulationalized the composition prior to mending Request for C is there any possibility you are plageaged; if you use an infantar, have you objusted, with you? Have you see an infantar, have you objusted to stone? Exemple: V.P., Vanogam, Armstagame, CT Sone Ou you have in infolory of along in reactions? Places describe: Have you board disponded with Olabeles/Nutlision Mystoma?	Poseible In Inc. With a state of the form With the state of the form With the state of the form YES YES YES YES	iks of the at the at a large share s	e Injectable days (contrast) as described above solven information is correct to the best of my what the opportunity to ack questions regards Dete: Mills Mamarial Hospital L
If YES, lan opdated blood test for Creditine and GFR round down within 3 months of this appointment. Creditins: GFR: PACS ID:	Platfield Consent for IV Continual - NUIST BE SIGNED four extensions of a substance of the continual agent is deserted by a radiatiogal and y with a platfield of the continual agent is deserted by a radiatiogal and y with a platfield continual agent is deserted by a radiatiogal and y with a platfield continual agent is deserted by a radiatiogal and y with a platfield continual and a platfield continual an	Poseible In Inc. With a state of the form With the state of the form With the state of the form YES YES YES YES	iks of the at the at a large share s	e Injectable days (contrast) as desorbled above to be considered above information is correct to the best of my chad the opportunity to ask questions regards. Dete: Mills Mamaziai Hospital Ordering
m #24-220-4006 (FD - Reix 02/10pm)	Platfelt Consent for IV Contrast - NUIT BE SIGNED four extentions on vill require the administration of a substance in the contrast agent is desertined by a radiatogist and y received by a contrast agent is desertined by a radiatogist and y received by a contrast agent is desertined by a radiatogist and y received by the contrast agent and agent is desertined by a radiatogist and y received by the contrast agent is even a performant by a radiatogist and a series agent as the same performant by the contrast agent as the same performing this scale promotions. It is increasing the information by this form. Signature: Authorized Signature: Signatu	Possible in its angle of the form With the form W	iss of the state at the state a	e Injectable days (contrast) as described above move information is corrued to the best of my shad the opportunity to ack questions regards. Dete: Mills Mamasial Hospital Ordering
	Pitfield Consent for IV Contrast - ATURY BE SIGNED Your examination will require the administration of a substance your examination will require the administration of a substance with it yeld parm. The risk degree of the substance with it yeld parm. The risk degree of the proceeding and yeld parm. The risk degree of the procedure of the reaction make one own. Your scanningtion will be concluded in an Landcratenitham account yeld the procedure. It altorovitedge, I flays mad and understand the understand the information by the form. Signature: Althoroo Signature: Interesting proceeding the procedure and substances Signature: Interesting proceeding you are pigenant? Do you satist from authora, buy feeting flays used as finaler, have you beneath it with you? Here you ever had contrast or X-ray of behaved before? Exempler (VP, Venoyam, Anterlograp, CT Soco Do you have a finaler, have you beneath The sas deactive: In Yes, you take their or alterior procedure, CT Soco Do you have their procedure of The Size you take their procedure of the final The you have depoted their procedure of The Size you take their procedure of The The Size of The The Size of The The The The The The The The	Possible in its angle of the form With the form W	iss of the state at the	e Injectable days (contrast) as described above more information is corrued to the best of my shad the opportunity to ask questions regards. Dete: Mills Mamarial Hospital Ordering MANUMANIAN MRN: 337

inj	Sito or Specify Site:	Appoi		anvinterventional Nuclear Med	
	H:6 Phys: man	g DOS: 14/Nov/2013 - Age: M	19	ACE MEDICAL IMACINY: LABEL INFRE	
TTON	Tel:	Other: M F	Escort Required Mode of transport Other O O	Nurse Porter Voll Wheelchair Stretcher Bec	1
000	EXAM(s) REQUESTED: T LU Physician should consult with Regictog	1 BOSACRAL Siel for Urgent and Stat cases	SPINE	L2 - S Priority Program CA - State State State State Priority	jine enl
7.	Able to give consent? Yes	lo If the patient does not sp	eek English, an Interp	reter MUST accompany the patient	~~~
TWO COST INC	PI diabelic Yez A/0 On meliornin Yez A/0 On meliornin Yes A/0 Pregnant Yes A/0 LMP A Height Weight Previous confrast reaction?	B FLANK/LO THICH NUMB	DLO T ON BACK PACK BACK PAC BACK PAC BACK BACK BACK BACK BACK BACK BACK BA	ente onset of IN E (B) ANTERIOR SIDE CREASED PATE LYS IS NEG. CT KIDI QLO SUSPICET L3- Dr. Family Practica Ganira	VISE
e e	Coples of report to:	[M.]	rail	Vancouver, L	
THE WAR THE	This excition MUST be completed to Ridney Function shoroural? WYES for any of the above OR if requests each fire. Greatinine: //3 This excition MUST be completed in the property of the shore of the property of the prope	Ballon Has patient in g a CT Abdomen/Pelvis OR Angio Cale: Nov / Cal	ogram: a current (visin 3 n 13/2013 3/2013 lograms and Interve	oagulant/anti-platelet medicalion? Yes	
)	eGFR; Date	0:			
١,	Greatinine: Date Patients may have to stop taking anticologist.	e: pagulant or anti-platetet medicali-	on prior la liteir appointm	nent. If this is unsale for your patient please	
Dat	Technologist: Date: No. of Images: Fluano Time/Dose; Shiekling used: Yechnologist comments on reverse	100 : 100	130 1	139cm	
933	12, VCH.6028 June 2010	100 100		Jother	

F	EQUEST FOR MAGNETIC RESONAN	ICE IMAGE (MRI) CONSULTA	TION
peneur 2	C, CAN	helabilkonide	Orthopaedic Surgeon MSP: PO Box 1275
date of birth : ; home phone : (t	age: • ,		Whietler, BC, VON-180 P: 604-905-4075
work phone :	PHN:	copy to physician :	F: 604-905-4073
requisition date : 'July 18, 2013 appointment date :		copy to physician : additional copy to :	
ELEVANT PREVIOUS FILMS	EXAM REQUESTED:		
Ray date:	Rei	while (NO	n anthrol
location :		n	n anthro)
trasound date:	TENTATIVE DIAGNOSIS:		1 James
location :	rotator cuff tear		
T Scan			
location :			
	RELEVANT HISTORY:		
RI Scan date : location :	RELEVANT HISTORY: night pain and supraspinatus w rotator cuff tear	reakness on examination, his	tory of large contralateral .
date: location: EKAL FUNCTION ABNORMAL?	night pain and supraspinatus w	ON INFORMATION FOR PA	
date: location: EKAL FUNCTION ABNORMAL? creatinine:	night pain and suprespinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES. KNOWN IMPLANTED cerebral answysm clip	ON INFORMATION FOR PA METAL OR DEVICE: 図 no 및 yea yp	TIENT SAFETY: EXPLAIN
date: location: EKAL FUNCTION AEKORMAL? Creatinine: LLERGY/ASTHMA/MAYFEVER?	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES. KNOWN IMPLANTED	ON INFORMATION FOR PA' METAL OR DEVICE:	TIENT SAFETY: EXPLAIN
date: location: ENAL FUNCTION ABNORMAL? creatinine: LLERGY/ASTHMA/HAYFEYER? specify:	night pain and aupraspinatus wrotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES, KNOWN IMPLANTED cerebral eneuryem clip cardiac pacemaker artificial heart valve neural strenutator	CN INFORMATION FOR PA METAL OR DEVICE: no yea typ no yes typ no yes typ no yea	TIENT SAFETY: EXPLAIN
date: location: ERAL FUNCTION AENORMAL? creatinine: LLERGY/ASTHMAHAYFEVER? specify: ATIENT CONDITION pregnant:	night pain and supraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES. KNOWN IMPLANTED cerebral enouyam clip cardiac pacemaker artificial heart valve neural attinulator middio ear presthesis	CN INFORMATION FOR PA' METAL OR DEVICE: If no yes type If no yes type If no yes type If no yes	TIENT SAFETY: EXPLAIN
date: location: ENAL FUNCTION AENORMAL? creatinine: LLERGY/ASTHMAHAYFEVER? specify: ATIENT CONDITION pregnant:	night pain and aupraspinatus wrotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES, KNOWN IMPLANTED cerebral eneuryem clip cardiac pacemaker artificial heart valve neural strenutator	CN INFORMATION FOR PA METAL OR DEVICE: no yea typ no yes typ no yes typ no yea	TIENT SAFETY: EXPLAIN
date: location: ERAL FUNCTION ABNORMAL? creatinine: LLERGY/ASTHMIA/HAYFEVER? specify: ATIENT CONDITION pregnant: yes no claustrophobic: yes no	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATE If YES, KNOWN IMPLANTED cerebral anouryam cilip cardiac pacemaker artificial heart valve neural stimulator middio ear prestinais orbital foreign body metal worker (at any time) shrapnol bullet	CN INFORMATION FOR PA' METAL OR DEVICE:	TIENT SAFETY: EXPLAIN
date: location: ERAL FUNCTION AERORMAL? creatinine: LLERGY/ASTHMANAYFEVER? specify: ATIENT CONDITION pregnant: yes	night pain and aupraspinatus wrotator cuff tear ESSENTIAL PRE-EXAMINATH IF YES, KNOWN IMPLANTED cerebral aneuryen clip carderal aneuryen clip carderal aneuryen clip carderal aneuryen clip carderal aneuryen antificial heart valve neural strautetor middio ear prosthesis orbital foreign body metal worker (at any time) shrapnel builet orthopaetic device	CN INFORMATION FOR PARMETAL OR DEVICE: If no	TIENT SAFETY: EXPLAIN
IDEASON: ERAL FUNCTION AEKORMAL? CREATININE: LLERGY/ASTHMANAYFEVER? SPECTY: ATIENT CONDITION pregnant: yea no claustrophobic: yea no sedation required	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATE F YES, KNOWN IMPLANTED cerebral ansuryam cilip cardiac pacemaker artificial heart valve neural stimulator maddio ear presthesis orbital foreign body metal worker (at any time) strayonol bullet orthopedic device harrington rod	CN INFORMATION FOR PA' METAL OR DEVICE:	FIENT SAFETY: EXPLAIN II:
date: location: ENAL FUNCTION AENORMAL? creatinine: LLERGY/ASTHMAHAYFEVER? specify: ATIENT CONDITION pregnant:	night pain and aupraspinatus wrotator cuff tear ESSENTIAL PRE-EXAMINATH IF YES, KNOWN IMPLANTED cerebral aneuryen clip carderal aneuryen clip carderal aneuryen clip carderal aneuryen clip carderal aneuryen antificial heart valve neural strautetor middio ear prosthesis orbital foreign body metal worker (at any time) shrapnel builet orthopaetic device	CN INFORMATION FOR PARMETAL OR DEVICE: no	TIENT SAFETY: EXPLAIN
date: location: ERAL FUNCTION AENORMAL? creatinine: LLERGY/ASTHMA/HAYFEVER? specify: ATIENT CONDITION pregnant: yes no claustrephobic: yes no elaustrephobic: yes no	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATI IF YES. KNOWN IMPLANTED cerebral aneuryem clip cardiac pacemaker artificial heart valve neural structor middio car prostinats orbital foreign body metal worker (et any time) ahraponi bullet orthopedic device harrington rod awan game cubitor	CN INFORMATION FOR PA' METAL OR DEVICE: If no	FIENT SAFETY: EXPLAIN II:
date: location: ERAL FUNCTION AENORMAL? creatfinine: LLERGY/ASTHMAMAYFEVER? specify: ATIENT CONDITION pregnant:	night pain and supraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATH IF YES. KNOWN IMPLANTED cerebral ensuryem clip cardiac pacemaker artificial heart valve neural stimuletor middlo are prostresis orbital foreign body metal worker (at any time) shrapnel bullet orthopedic device harrington rod awan gans calaborer venous access device	CN INFORMATION FOR PA' METAL OR DEVICE: If no	FIENT SAFETY: EXPLAIN II:
date: location: ERAL FUNCTION AENORMAL? creatfinine: LLERGY/ASTHMAMAYFEVER? specify: ATIENT CONDITION pregnant:	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATIF YES. KNOWN IMPLANTED cerebral aneuryam cilp cardiac pacomaker artificial heart valve neural stimulator saidolo ear prostinesis orbital foreign body metal worker (at any time) shrapno bullet orthopedic device harrington rod awan gears calhetor venous access device other	CN INFORMATION FOR PA' METAL OR DEVICE:	FIENT SAFETY: EXPLAIN II:
date: location: ENAL FUNCTION AENORMAL? creatinine: LLERGY/ASTHMAMAYFEVER? specify: ATIENT CONDITION pregnant: yes Ø no claustrophobic: yos Ø no EDATION sedation required yos Ø no prescription	night pain and aupraspinatus w rotator cuff tear ESSENTIAL PRE-EXAMINATIF YES. KNOWN IMPLANTED cerebral aneuryam cilp cardiac pacomaker artificial heart valve neural stimulator saidolo ear prostinesis orbital foreign body metal worker (at any time) shrapno bullet orthopedic device harrington rod awan gears calhetor venous access device other	CN INFORMATION FOR PA' METAL OR DEVICE: no	FIENT SAFETY: EXPLAIN II:

I are H	ERSAL REQUISITION
Seymour &	HEALTH CENT
48.4.F4 (ESCENTES 488)	Telephone:
Patient Information:	
* = 1	
Phone Number:	GREIG ASSOC. XRAY & ULTRASOUND 604-321-6774
Weight: 71.7kg Sex: F	5732 Victoria Dr. at 43 st Ave. Vancouver VSP 3W6
TEST REQUESTED: Bone Scan	VANCOUVER GENERAL 604-875-4111 899 West 12 th Ave., Vancouver V52 1M9
DIAGNOSIS: ?inflammation in cervical spine facet joints?	WOMEN'S HOSPITAL & HEALTH CENTRE 604-875-2424 4490 Oak St., Vancouver V6H 3V5
MEDICATIONS	U.B.C. HOSPITAL 604-822-7121 j2211 West Brook Mall, Vancouver V6T 285
	MT. ST JOSEPH HOSPITAL 604-874-1141 3080 Prince Edward St., Vancouver VST 3N4
	ST PAUL'S HOSPITAL 604-682-2344 1081 Burrard St., Vancouver V62 176
(Doctor's Signature) Date: Doctor's Number:	CHILDREN'S HOSPITAL 604-875-2345 4480 Oak St., Vancouver V6H 3V4
Sent report to:	505 - 750 WEST BROADWAY 604-879-4177 Vancouver VSZ 1H4
With copies to: C. Reilkoff	OTHER
YOUR APPOINTMENT IS ON:	
Date:	
Time:	
All examinations take approximately 30 minutes.	1
Preparation regulaed for the examination of:	11
ADDOMINAL ULTRASOUND Fat free dinner the night bafore Muthing to eat or drink after midnight if Scan is in the aftermoon, you may have a field for if	ree broakfast (no cream in tea or coffee, no carbonated drinks and no lunch)
PELVIS & OBSTETRICS	red violations (no cream in tea or conee, no carbonated drinks and no lunch)
 A full bladder is necessary 	
 Two hours before the appointment time, empty you One hour before the appointment time, you should to 	r bladder Take 24 oz. (3 large glasses) of non-carbonated fluid
Olasza balus akit, az szidete	

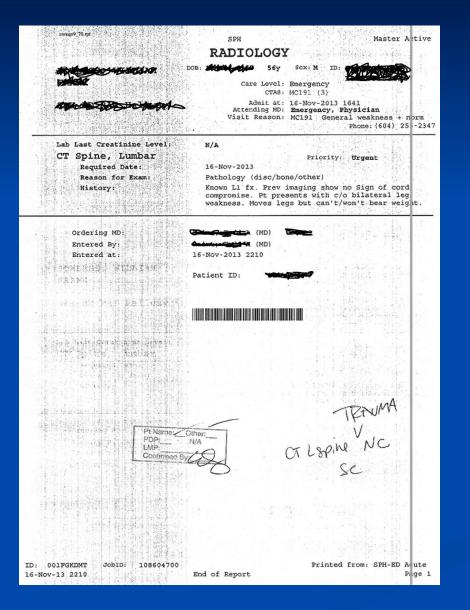
Φ,	h All T. De Till In	r Medical Ivasin	a DECHIPITION
NEDICAL INVESTOR ASSOCIATES Please Take To The Radiological Clin			SPH.
BILLABLE TO	- UU .		NAME OF PHYSICIAN & MSP PRACTITIONED HEISER
WC9/ICSO WC9 PATIENT			dre
8			Transport of the state of the s
SUPPLANTS OF PARTIETY RICE	VIN DEFORE	ERT	
TELEPHONE + JUNCLUPE AREA COOL	G.DHIDER	PREGNAMI	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ADDRESS	M	POSTAL COOR	MSP# 28918
Interpreter needed? Yes	No Lens	guage:	
DIAGNOSIS AND INDICATIONS POR BURGLING PROTOGOL string for burger		COMMENT HED	KATION
AND RESIDENCE OF THE PROPERTY		r Sean	Not Insteaded,
GE-Need Phrest Abdomora - CT Retreatel prote		17 7 June	head watest
ONLY Craders	(585	in ; and	please hird out
CT scan in January 2014 at SPH noted left adren	al miles. Recordin	nd Patient Instru	And a Contrary Languity
?Adenoma or other. Ongoing poin in Left fower quadrant likely unrelig	ned :	v. 3.	migratify My an element.
		٠	T Asimal mass 3
	******************		start & see NE pool to check
	·	and the second second	CVV
HREE BRIDGES COMMUNITY HEALTH CENTRE			Please confect our office by phone
-		ni bay daya	of the wife appointment intollique.
Partie			HELEH WIT DE
		3 1	ELI FAX
Dan.18			
000:00		lame:Other	Z DOB
G(R: 70	- PDF		0_
Crecitioine 96		firmed By	- 1 A V @ 1
		7	- AXE
			FFB 1 8 201
TO BE COMPLETED BY MEDICAL IN	AQING	1.15	10-0001-
	APIOLOGIST	USE	RECHNOLOGIST USE
Ungent			UK
Gerni-Urgent Elective			the contract of
PREVIOUS			1/2
FILMS/REQ: Yes No			SKIRATURE OF RECUESTING PHYSICIAN
ORAL CONTRAST: Yes No			
OTHER:			DATE SCHES
Printed:07 Feb 2014		-tigations Footer	Fage 1 of 1
	Inv		HOV MYSE: V #101.1, 1834
1 3 4/18 M		/	207 10
		()	3 ICT ABD - ADRIGNAL PROI
Y 5	9	P (WITHOUT

MRI SGREEN FORM MUST		85430373 TO: 604-906-9437 PA/IX: 001 07 001 Surname First Name
AND FAXED WITH R		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TO MRI FACI		Permanent address City Postal Code
	licate specific site(s)	Home Phone Work or Cell Phone
Abbotsford Regional Roya	d Columbian	
Fax # 804-851-4904 Fa	ax # 804-520-4120	Date of Birth (MM/DD/YY) Age Sex
Fax # 604-412-6181 Fa	ax # 604-806-8437	Male
		Health Care # WCB/ICBC Claim #
Peace Arch	ey Memorial ax # 604-588-3370	☑MSP □WCB □ICBC □Other:
Richmond General Vanc	ax # 604-822-0702 couver General	Conscional products or
(The contract of the contract	ax # 604-875-4175	INCOMPLETE REQUESTS WILL BE RETURNED
Appointment Date: 11cm 1	Ja. 18, 13 e	Infection concerns? Specify:
Time: 22.00	r (23:30)	Clinterpreter needed? Language:
	SONANCE IMAGING	/UEN SEALIIOITIAN
Exam Requested: Dilateral Mich	ė MRI. Piease senu us	the disc once images are completed.
Allergy/Asthma/Hay Fever?	Relevant history / Re	eason for exam
Specify:	Pain at quads tendon in	nsertion both knees, ? partial tear quads vs tendonosis or other
,,,	internal derangement	
Relevant Previous Exams?	1 ~	Portue bilat knee
MRI DCT DNuclear Medicine		
☐ Angiogram ☐ X-Ray	(4)) mc	MAI
Ultrasound		<i>v</i>
Location Cete:		
Sallante requiring IV Contrast	Requesting	Billing Phone Fax
Patients requiring IV Contrast with History of:	Physician:	# # # # # # # # # # # # # # # # # # #
with History of: 1. Renal disease		# # # # # # # # # # # # # # # # # # #
with History of: 1. Renal disease 2. Hypertension	Physician:	# # # # # # # # # # # # # # # # # # #
with History of: 1. Renal disease 2. Hypertension 3. Diabates	Physician: Additional copies to: Essential Pre-Examina	# Physician Signature: # # # # # # # # # # # # # # # # # # #
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver	Physician: Additional copies to:	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver transplant.	Physician: Additional copies to: In the Copies t	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs	Physician: Additional copies to: it Essential Pre-Examina Cardiac pagemaker or dei Artificial heart valve Cerebral aneurysm clip	# Physician Signature: # # # # # # # # # # # # # # # # # # #
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver transplant.	Physician: Additional copies to: It is additional copies to the copies and the copies a	# Physician Signature: Physician Signature: Attention Information for Patient Sefety, Explain if "YES". Stortistor YES ONO
with History of: 1. Renal disease 2. Hypertension 3. Disbetes 5. Sewere hepatic disease or liver transplant 5. Age > 60 yrs 4 recent (in the last 3 months or less) Estimated Glomerular	Physician: Additional copies to: Is Additional	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Clabeltes 4. Sewere hepatic disease or liver transplant, 5. Age > 60 yrs A recent (in the last 3 months or least 18th and 18	Physician: Additional copies to: Essential Pre-Examina Cardiag pagamaker or del Additional heart valve Cerebrus aneuryam clip Internal electrodes or wire Neuro atimulator Middle ear prosthesis or c	# Physician Signature: Physician Signature: Attention Information for Patient Sefety, Explain if "YES". Iffertilistor YES ZINO IYES ZINO IYES ZINO IYES ZINO IYES ZINO Cocchiear implant YES ZINO Cocchiear imp
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant, 5. Age > 60 yrs A recent (in the last 3 months or less) Estimated Glomerular Filtration Rate (eGFR) is DEFR mesult: DEFR me	Physician: Additional copies to: Is Additional	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Disbetee 3. Disbetee 4. Sewere hepatic disease or liver transplant 5. Age > 60 yrs 4. Recent (in the last 3 months or less) Estimated Glomerular Filtration Rate (eGFR) is Date: Crestolinic motel. Date: Crestolinic motel.	Physician: Additional copies to: 8 Essential Pre-Examina Carriage pacemaker or de Artificial heart valve Cerebral aneuryam clip Internal electrodes or wire Neuro etimulator Middle ear posthesis or of Middle volker at any time i Shrapnet and/or build i	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Diabete 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or less) Estimated Glomerular Historic Rate (eGRR) is DRR result Crestnins: uncit 6. at the patient claustrophobic?	Physician: Additional copies to: I Essential Pre-Examina Cardiac pacemaker or de Artificial heart valve Cerebral aneuryam clip Internal electrodes or wire Neuro attimulator Middle ear prosthesis or of Metalia cortisal foreign box Metalia worker at any time Shrapnel and/or bullet Intravascular coil, stent, o	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Diabete 4. Severe hepatic disease or liver transplant 5. Age > 60 yrt 4. recent (in the last 3 months or leas) Estimated Glomerular Pitration Rate (egFR) is DRY result Crestnin: uncit a the patient claustrophobic? □ YES □ NO ■ seddion required?	Physician: Additional copies to: 8 Essential Pre-Examina Cardiag pagamaser or dei Additional heart valve Cerebral aneuryan clip Internal electrodes or vira Nauro atimulator Middle ear prosthesis or o Metallik orbital foreign box Metall worker at any time Shrapnet and/or bullet Intravascular coll, stent, o Yenous access device	Physician Signature: Attention Information for Patient Safety. Explain if "YES". Information for Patient Safety. Explain if "YES INO Information for Patient Safety. Explain if "YES". Information in Inform
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant 5. A quee 80 yrs 6. A quee 80 yrs 6. A quee 10 yrs 7. A queent (in the last 3 months or leas) Estimated Glomerular Filtration Rate (eGFR) is 6. FR result 6. Date: 6. Crestinies: uncit. 6. The Solid Control of the So	Physician: Additional copies to: I Essential Pre-Examina: Carriace pagamaser or de Artificial heart valve Cerebrai aneuryam cilp Internal electrodes or wire Neuro atimulator Middle ear prosthesis or of Metalitic orbital foreign box Metal worker at any time i Shrapnel and/or build Intravalecular coil, stent, o Venous access device Breast tissue exponder	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Diabete 4. Severe hepatic disease or liver transplant 5. Age > 60 yrt 4. recent (in the last 3 months or leas) Estimated Glomerular Pitration Rate (egFR) is DRY result Crestnin: uncit a the patient claustrophobic? □ YES □ NO ■ seddion required?	Physician: Additional copies to: 8 Essential Pre-Examins Cardiag pacemaner or de Artificial heart valve Cerebrai aneuryam cip Internal electrodes or wire Neuro atimulator Middle ear prosthesis or o Metalla cristal foreign box Metal worker at any time Shrapnet and/or bullot Intravascular coil, stent, o Venous access device Breast tiesue exponder Impainted Intuson pumpig	Physician Signature: Attention Information for Patient Safety, Explain if "YES". Attention YES DNO YES
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant 5. A quee 80 yrs 6. A quee 80 yrs 6. A quee 10 yrs 7. A queent (in the last 3 months or leas) Estimated Glomerular Filtration Rate (eGFR) is 6. FR result 6. Date: 6. Crestinies: uncit. 6. The Solid Control of the So	Physician: Additional copies to: Is Essential Pre-Examina Cardiac pacamaser or de Artificial heart valve Cerebral aneuryani cip Internal electrodes or wire Neuro atimulator Middle ear prosthesis or or Metallia cristal foreign bot Metal worker at any time i Shrapnet and/or build intravascular coil; atent, o Venous access device Breast basue expander Implanted Infusion pump(Harrington rod	# Physician Signature:
with History of: 1. Renal disease 2. Hypertension 3. Disbetes 3. Severe hepatic disease or liver transplant 5. Age > 60 yrs 4 recent (in the last 3 months or less) Estimated Glomerular Filtration Rate (eGFR) is GFR essit: Description Rate (eGFR) is GFR essit: Set be patient claustrophobic? YES ZINO YES ZINO YES, DIO	Physician: Additional copies to: Essential Pre-Examin: Carding operania or of el Artificial heart valve Cerebral aneuryam cip Internal electrodes or wire Neuro etimulator Middle ear prosthesis or of Metall worker at any time - Shrapnel and/or bullot Intravasoular coli, stent, o Venous access device Breast tiesue expander Impainted intuston pump(Harrington rod Other:	Physician Signature: Physician Signature: Attentistor
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant, 5. Age > 60 yrs A recent (in the last 3 months or leas) Estimated Glomerular Filtration Rate (eGFR) is PR neut: Date: Crestinies: unpit. at the patient claustrophobie? □ YES □ NO s sedation required? □ YES □ NO Yes Date: R sedation reachined: Patient weight: 160 bs Vlacimum weight: 160 bs Vlacimum weight: 180 bs	Physician: Additional copies to: Is Essential Pre-Examina Carriago pacemaker or de Artificial heant vative Cerotral aneutyam cip Internal electrodes or wire Neuro etimulator Middile ear prosthesis or or Middile orbital foreign bec Middile orbital foreign bec Middile and/or build Intravascular coli, stent, o Venous Access device Breast tiesue expander Impianited Infusion pumpo Harrington rod Other: Is the patient pregnant?	## Physician Signature: ## Physician Signatur
with History of: 1. Renal disease 2. Hypertension 3. Dabetes 4. Sewere hepatic disease or liver transplant 5. Age > 60 yrs 4. Research (in the last 3 months or less) Estimated Glomerular Filtration Rate (eGFR) is DRR essit: Date: Crestolint: motil. 5. The patient claustrophobic? YES: NO YES: NO YES: NO YES: NO YES: NO Hesident weight insit is 350 fb* at ower mainland MRI (acilities Exception: Richmond Lospital	Physician: Additional copies to: Essential Pre-Examin: Carding operania or of el Artificial heart valve Cerebral aneuryam cip Internal electrodes or wire Neuro etimulator Middle ear prosthesis or of Metall worker at any time - Shrapnel and/or bullot Intravasoular coli, stent, o Venous access device Breast tiesue expander Impainted intuston pump(Harrington rod Other:	## Physician Signatures: Physician Signatures: ### Phy
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or least 5 months or least 5 months or least 5 months or least 6 monerular Filtration Rate (eGFR) is BFR mail: DFR mail: DFS Note Note Note Note DFS DFS Note DFS DF	Physician: Additional copies to: Is Essential Pre-Examina Carriago pacemaker or de Artificial heant vative Cerotral aneutyam cip Internal electrodes or wire Neuro etimulator Middile ear prosthesis or or Middile orbital foreign bec Middile orbital foreign bec Middile and/or build Intravascular coli, stent, o Venous Access device Breast tiesue expander Impianited Infusion pumpo Harrington rod Other: Is the patient pregnant?	## Physician Signshure: ## Physician Signshur
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the tast 3 months or less) Estimated Glomerular Pitration Rate (eGPR) is PR eaul: Date: Crestnine: until the patient claustrophobie? □ YES □ NO s sedation required? □ YES □ NO Patient weight: 160 bs Maximum weight: 1800 bs Maximum weight: 1800 bs Maximum weight: 1800 bs Maximum limit is 550 bf at ower mainland MRI (actilities Exception: Richmond Hospital maximum limit is 550 b, (250 kg) DEPARTMENT USE ONLY	Physician: Additional copies to: 8 Essential Pre-Examina Cardiac pacamaser or de Artificial heart valve Cerebral aneuryam cilp Internal electrodes or wire Nauro etimulator Middle ear prosthesis or o Metall worker at any time Shrapnel and/or bullet Intravascular coll, stent, o Venous access device Breast tiesue expander Implanted intravascular rod Unero: Is the patient pregnant? Is the patient pregnant?	## Physician Signshure: ## Physician Signshur
with History of: 1. Renal disease 2. Hypertension 3. Clabetes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or least 5 months or least 5 months or least 5 months or least 6 monerular Filtration Rate (eGFR) is DFR mult: 1. YES	Physician: Additional copies to: Is Essential Pre-Examina Cardiac pacamaser or de Additional capinate or de Additional capinate or de Additional capinate Cerebral aneuryam cilp Internal electrodes or wire Neuro stimulator Middle ear prosthesis or or Metallia orbital foreign bot Metall worker at any time i Shrapnet andfor build intravascular coil; atent, o Venous access device Breast basue expander Implanted Infusion pump(Harrington pump(Harrington pump(Harrington pump(Is the patient pregnent? Is the patient pregnent?	## Physician Signshure: ## Physician Signshur
with History of: 1. Renal disease 2. Hypertension 3. Clabetes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or least 5 months or least 5 months or least 5 months or least 6 monerular Filtration Rate (eGFR) is DFR mult: 1. YES	Physician: Additional copies to: 8 Essential Pre-Examina Cardiac pacamaser or de Artificial heart valve Cerebral aneuryam cilp Internal electrodes or wire Nauro etimulator Middle ear prosthesis or o Metall worker at any time Shrapnel and/or bullet Intravascular coll, stent, o Venous access device Breast tiesue expander Implanted intravascular rod Unero: Is the patient pregnant? Is the patient pregnant?	# Physician Signshure: Ation Information for Patient Safety. Explain if "YES". Fightlator Tyes 2No
with History of: 1. Renal disease 2. Hypertension 3. Diabotes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the tast 3 months or less) Estimated Glomerular Pitration Rate (eGPR) is PR neul: Date: D	Physician: Additional copies to: Is Essential Pre-Examina Cardiac pacamaser or de Additional capinate or de Additional capinate or de Additional capinate Cerebral aneuryam cilp Internal electrodes or wire Neuro stimulator Middle ear prosthesis or or Metallia orbital foreign bot Metall worker at any time i Shrapnet andfor build intravascular coil; atent, o Venous access device Breast basue expander Implanted Infusion pump(Harrington pump(Harrington pump(Harrington pump(Is the patient pregnent? Is the patient pregnent?	# Physician Signshurez ### Physician Signshurez #### Physician Signshurez ###################################
with History of: 1. Renal disease 2. Hypertension 3. Diabetes 4. Severe hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or least 5 manths or least 5 months or least 5 months or least 6 monerular Filtration Rate (eGFR) is BFR mail: DFR mail: DFR ST mail: DFR ST NO ST	Physician: Additional copies to: is Essential Pre-Examina Cardiac pacamaser or de Additional copies to: is Cardiac pacamaser or de Additional hand valve Cerebral aneuryam cip Internal electrodes or wire Neuro atimulator Middle ear prosthesis or or Metallia orbital foreign bot Metall worker at any time i Shrapnet andfor build intravascular coil; stent, o Venous access device Breast besue expander Implanted Infusion pump(Harrington of Other: Is the patient pregnent? Is the patient breast-feedi PROTOCOL: Cmments: IV Contrast: YE	# Physician Signshurez Ation Information for Patient Safety. Explain if "YES". Ifferillator YES 2NO YES
with History of: 1. Renal disease 2. Hypertension 3. Clabetes 4. Sewere hepatic disease or liver transplant 5. Age > 60 yrs A recent (in the last 3 months or least 5 minuted Glomerular Filtration Rate (eGFR) is DEFR exist:	Physician: Additional copies to: is Essential Pre-Examina Cardiac pacamaser or de Additional copies to: is Cardiac pacamaser or de Additional heart valve Cerebral aneuryam cilp Internal electrodes or wire Neuro atimulator Middle ear prosthesis or or Metallia orbital foreign bot Metall worker at any time i Shrapnet andfor build intravascular coil; stent, o Venous access device Breast teaus expander Implanted Infusion pump(Harrington rod Other: Is the patient pregnant? Is the patient breast-feedi PROTOCOL: Cmments: IV Contrast: YE	# Physician Signshurez ation Information for Patient Safety. Explain if "YES". ribrillator

Booking Off	fice Use	
Date/Time:		
		No Patienz Demographic labels if faxing
	lete or illegible forms will be returned.	exam will be delayed or cancelled.
HILDRE TO KINC TWORKSAFEBC	☐ Febers. ☐ Other	Oate Received 1 Sep 27, 2013
amend Moster Normber	000: (6d / mrs / yant)	Name of Physician & MSF Precisioner Number (or allow terms)
errang of Patient . S	First Name and Hirldis Intel Geoder	17.00
L.	□H XC	
retephone # (Daysime) Telephone 6	# (Other) Telephone # (Other)	Billing &
BAYE VOICEHAIL WITH OATEITINE O	OF APPOINTMENTT Please ledicate when your p	atient would NOT be available for an appointment:
PATIENT INITIAL	· ··· City / Town	Possel Code
-		AVAILABLE ON SHORT NOTICE
Scheduled (3) Urgent		must speak with Radiologist for Emergancy cases
Ambulatory Wheel	chair Mechanical Life N	Problems
Exam Requested:	Routre nic	4 langues
lumbosacral spine mri Tentative Diagnosis:	The ME	A INVITED
IOUTTONE DISEUDINE		
worsoning right sided L3/4 dermator	FOY EXAM (Attach or Fox relevant results for	om X-Roy, CT. Myclo, Anglo, US, MRS, Nuclear McGrane
TOTAL OF THE PARTY CONTROL	in sordory disturbance / course	
Any Prior Contrast Reaction		
Any Prior Contrast Reactif	me MRI Soun	Furthment X Ray
Person CT Scen Person Levalle	me MRI Soun	Lucidos
Person CT Soon Person Location Location Creatinine level and astimated	on Pertinent Litrescund	Creatinine 82 µmol/L
Parameter CT Soon Parameter CT Soon Leviste Creatinine level and astimated Patients 60 years of age and older	GFR required within 30 days for ALL	Creatinine 82 µmot/L Est GFR 61 mL/min
vitaem CT Jose Permin contion Level and estimated Patients 50 years of age and older Diabetic Patients	Personal Personal Linesaums I GFR required within 30 days for ALL Patients with Hypertaneion	Creatinine 82 µmot/L Est GFR 61 mL/min
Creatinine level and astimated Patients 50 years of age and older Disbetic Patients Patients with Renal Impairment	GFR required within 30 days for ALL Patients with Hypertansion Patients with Severe Hepatic Disease or Liver Transplant or Impending Transplant	Crostinine 82 µmo//L Est GFR 61 mL/min Date 30-Oct-2012, 30-Oct-2012
Patient Office Patient County Creatinine level and astimated Patients 50 years of age and older Cabotic Patients Patients with Renal Impairment Provider Name: (Pmt)	GFR required within 30 days for ALL Patients with Hypertansion Patients with Severe Hepatic Disease or Liver Transplant or Impending Transplant Speciety	Creatinine 82 µmot/L Est GFR 61 mL/min
retainer of dose location location Creatini no location and astirmated Patiente 60 years of age and older Oabstote Patients Patients with Renal Impairment Proposition Name: (Pmt)	GFR required within 30 days for ALL Patients with Hypertansion Patients with Severe Hepatic Disease or Liver Transplant or Impending Transplant	Crostinine 82 µmo//L Est GFR 61 mL/min Date 30-Oct-2012, 30-Oct-2012
retainer of dose location location Creatini no location and astirmated Patiente 60 years of age and older Oabstote Patients Patients with Renal Impairment Proposition Name: (Pmt)	Perform Unrestand Indian I GFR required within 30 days for ALL Petients with Hypertansion Petients with Severe Hepatic Disable or Liver Transplant or Impending Transplant Speciety Date: Sep 27, 2013	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
reaser of Soos Examinated Creatinine level and estimated Patients 60 years of age and older Cabetic Patients Patients With Renal Impairment Patients with Renal Impairment Patients with Renal Impairment Patients with Renal Impairment	GFR required within 30 days for ALL Patients with Hypertansion Patients with Severe Hepatic Disease or Liver Transplant or Impending Transplant Speciety	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
recent of Soon Control Construction Creatinine level and estimated Patients 60 years of age and older Coabetic Patients 60 years of age and older Coabetic Patients Patients with Renal Impairment Provided in Patients Patients with Renal Impairment Provided in Patients Patie	Perform Unrestand Indian I GFR required within 30 days for ALL Petients with Hypertansion Petients with Severe Hepatic Disable or Liver Transplant or Impending Transplant Speciety Date: Sep 27, 2013	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
recent of Soon Control Construction Creatinine level and estimated Patients 60 years of age and older Coabetic Patients 60 years of age and older Coabetic Patients Patients with Renal Impairment Provided in Patients Patients with Renal Impairment Provided in Patients Patie	Perform Unrestand Indian I GFR required within 30 days for ALL Petients with Hypertansion Petients with Severe Hepatic Disable or Liver Transplant or Impending Transplant Speciety Date: Sep 27, 2013	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
heatent of Sose Contine Creatinine level and astimated Patients 50 years of age and older Dabetic Patents Patients with Renal Impairment	Perform Unrestand Indian I GFR required within 30 days for ALL Petients with Hypertansion Petients with Severe Hepatic Disable or Liver Transplant or Impending Transplant Speciety Date: Sep 27, 2013	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
versions (7 Soos Private Private	Perform Unrestand Indian I GFR required within 30 days for ALL Petients with Hypertansion Petients with Severe Hepatic Disable or Liver Transplant or Impending Transplant Speciety Date: Sep 27, 2013	Croedinine 82 µmol/L Est GFR 61 mL/min Date 30-02-2012, 30-02-2012 Copy Results To.
wrater of Soos Prioritics of Constitution of C	Petrimic Unrestant B GFR required within 30 days for ALL Petrimic with Hypertaneion Petrimic with Hypertaneion Petrimic with Severe Hepsic Dissate or Liver Transplant or Impending Transplant Species Cets: Sep 27, 2013 For Radiology Department Use	Creatinine 82 µmol/L Est GFR 61 mL/min Date 30-0a-2012, 30-0a-2012 Copy Results To.
wrater of Soon Count Country Creatinine level and estimated Patients 60 years of age and older Country C	Perform Unrestand Control Perform Unrestand Control Perform Unrestand GFR required withIn 30 days for ALL Patients with Hypertaneion Petients with Severe Hepatic Disable or UNE Transplant or Impending Transplant Species Cote: Sep 27, 2013 For Radiology Department Use	Creatinine 82 µmol/L Est GFR 61 mL/min Date 30-Od-2012, 30-Od-2012 Copy Results To.
versions of Source of Sour	Perform Unrestand Control Perform Unrestand Control Perform Unrestand GFR required withIn 30 days for ALL Patients with Hypertaneion Petients with Severe Hepatic Disable or UNE Transplant or Impending Transplant Species Cote: Sep 27, 2013 For Radiology Department Use	Creatinine 82 µmol/L Est GFR 61 mL/min Date 30-Od-2012, 30-Od-2012 Copy Results To.
reastrict 75 does Constitution C	Perform Unrestand Control Perform Unrestand Control Perform Unrestand GFR required withIn 30 days for ALL Patients with Hypertaneion Petients with Severe Hepatic Disable or UNE Transplant or Impending Transplant Species Cote: Sep 27, 2013 For Radiology Department Use	Creditine 82 µmol/L Est GFR 61 ml/min Date 30-Oct-2012, 30-Oct-2012 Copy Rowdta To.
reastrict 75 does Constitution C	Petrime unestable B GFR required within 30 days for ALL Petrime with Hypertaneion Petrime with Hypertaneion Petrime with Severe Hepatic Disease or Liver Yransplant or Impending Transplant Specially Cets: Sep 27, 2013 For Radiology Department Use Check with Radiologist Must be Completed and Faxed. Ea	Creatinine 82 µmol/L Est GFR 61 mU/min Date \$0-04-2012, 30-04-2012 Copy Results To. Copy Results To. Additional Service of Service of August 10 August
reastrict 75 does Constitution C	Perform Unrestand Control Perform Unrestand Control Perform Unrestand GFR required withIn 30 days for ALL Patients with Hypertaneion Petients with Severe Hepatic Disable or UNE Transplant or Impending Transplant Species Cote: Sep 27, 2013 For Radiology Department Use	Creatinine 82 µmol/L Est GFR 61 mU/min Date \$0-04-2012, 30-04-2012 Copy Results To. Copy Results To. Additional Service of Service of August 10 August
reastrict 75 does Constitution C	Petrime unestable B GFR required within 30 days for ALL Petrime with Hypertaneion Petrime with Hypertaneion Petrime with Severe Hepatic Disease or Liver Yransplant or Impending Transplant Specially Cets: Sep 27, 2013 For Radiology Department Use Check with Radiologist Must be Completed and Faxed. Ea	Creatinine 82 µmol/L Est GFR 61 mU/min Date \$0-04-2012, 30-04-2012 Copy Results To. Copy Results To. Additional Service of Service of August 10 August
versions of Source of Sour	Petrime unestable B GFR required within 30 days for ALL Petrime with Hypertaneion Petrime with Hypertaneion Petrime with Severe Hepatic Disease or Liver Yransplant or Impending Transplant Specially Cets: Sep 27, 2013 For Radiology Department Use Check with Radiologist Must be Completed and Faxed. Ea	Creatinine 82 µmol/L Est GFR 61 mU/min Date \$0-04-2012, 30-04-2012 Copy Results To. Copy Results To. Additional Service of Service of August 10 August
versions of Source of Sour	Petrime unestable B GFR required within 30 days for ALL Petrime with Hypertaneion Petrime with Hypertaneion Petrime with Severe Hepatic Disease or Liver Yransplant or Impending Transplant Specially Cets: Sep 27, 2013 For Radiology Department Use Check with Radiologist Must be Completed and Faxed. Ea	Creatinine 82 µmol/L Est GFR 61 mU/min Date \$0-04-2012, 30-04-2012 Copy Results To. Copy Results To. Additional Service of Service of August 10 August

		Ordered	Vanacuv Data Regulad	or Family Health Centre
fraserbealth		2014-01-21		2014-01-21
	21 24	F 100000	-	
	SHT Casy	-		one Phone
ps. Despt	****	of Birth (od/men/yy)		ark Prone
expressor needled? To You	ER No.	cal Plan Number	d/m/y)	CB / ICBC Claim Number
rguepe: English		1		
and active 20 minutes eatly for in	MEDICAL IMA		DEC EN PATIENT E	OTHER
X-RAY & ULT	RASOUND @ CT		NTIONAL PROCE	DURES / ANGIO
DIATION DE STANDARD CHAPP. LL ERCHES; processorial PATIENT JE HAVING INTRA BOOSE OGER (-3 months): Isconi Creatinho lovob; X of contrast allergy resident;	42	CEDURE, PLEASI Date:	COMPLETE: Nov 16 Nov 16	
trysician:	(Person spready)		VANT PREVIOUS FIL	
mysician: have	trades / Primari	ANY RELE		
		Location		Dete:
	Maringer	CD stacks	se requested: 2	Cente:
oples To:	Minge	CD stacks Relevant R	es requested:	Central No. Yes Si No. Yes Si No. Yes Si No.
oples To:	COMPLETE REQUIPERTION BELOW TO BE	Films/srup CD situation Relevant R ESTS WILL B COMPLETED BY ME	es requested: Disports stached Disports stached Disports stached Disports stached Disports stached Disports stached Disports stack the disports st	Porte: Ves 30 No Ves 40 No Ves 40 No
oples To:	COMPLETE REQU	Films/srup CD situation Relevant R ESTS WILL B COMPLETED BY ME	de d	Date: (rise 10 No (rise 12 No (rise 12 No (rise 12 No
104 D1 D2 D3 D4	COMPLETE REQUIPERTION BELOW TO BE	Films/srup CD situation Relevant R ESTS WILL B COMPLETED BY ME	the requested: 2 to the ports attached 2 to the ports attached 3 to the ports attached 3 to the ports attached 5 to the ports	Prints: (Fig. 20 No (Fig. 20
oples To: IN Information 1 2 2 3 4 Contrast 1 Yes 1 No	COMPLETE REQUIPORTION BELOW TO BE Radiologist Protoc Memorials: Beoling informatio	Filmatines CD stache Relevant R ESTS WILL B COMPLETED BY ME	es requested: Ci di	Anter (As III No Yes II
oples To: IN Inforthy 1	COMPLETE REQUIPORTION BELOW TO BE : Radiologist Protoc Mnemonio(s): Besiding informatio Rilms	Filmalmag CD stache Relevant R ESTS WILL B COMPLETED BY MS of	BE requested: de d	Integration of the second of t
oples To: IN Inforthy 1	COMPLETE REQUIPORTION BELOW TO BE : Radiologist Protoc Mnemonio(s): Besiding informatio Rilms	Filmatines CD stache Relevant R ESTS WILL B COMPLETED BY ME	BE requested: Details of the control	Annes: (Fig. 30 No (Fig. 30 N
option To: IN Inforthy 1 1 2 3 3 4 4 Contract 1 Yes 1 No rail Contract 1 Yes 1 Yes 1 No rail Contract 1 Yes 1 No rail Contract 1 Yes 1 No rail Contract 1 Yes 1 Y	COMPLETE REQUIPORTION BELOW TO BE : Radiologist Protoc Mnemonio(s): Besiding informatio Rilms	Filmalmag CD stache Relevant R ESTS WILL B COMPLETED BY MS of	BE requested: Details of the control	Anter (Fe S No Yes No Yes No Yes S No Yes No Yes S No Yes No

- Audit registered locally.
- PACS data of CT, MRI and IR (interventional radiology) procedures performed in a 7 day period (Monday to Sunday) in November 2013 obtained.
- Data downloaded onto work-based PC workstation in a password-protected Excel file.
- Gold standards:
 - Local request forms
 - Royal College of Radiologists guidance
 - Regional IR guidelines (for blood work)
- Each scanned form assessed against the standards expected, paper forms reviewed where scanned forms were not legible.



MR

Magnetic Resonance Imaging (MRI) Requisition

TO SCHEDULE AN APPOINTMENT PLEASE FAX OR MAIL COMPLETED REQUISITION TO MRI DEPARTMENT



ST. PAUL'S HOSPITAL 1081 Burrard St., Vancouver, BC V6Z 1Y6

Appointments: Filing/Reports:

Appointment Date:

604-806-8548 604-806-8006

MR MISS	SURNAME	FIRST NAM	E	
MRS MS PERMANENT	ADDRESS			
POSTAL COD	E CELL PHO	NE HOME PH	ONE WORK P	HONE
DATE OF BIR	TH (MONTH / DAY /	YEARI AGE	SEX	
HEALTH CAR	Ef	1	VCB ICRC OTI	IER

□ NO □ YES

ADDITIONAL COPY OF REPORT TO:

Infection Concerns? ☐ YES ☐ NO	Exam Requested	
Specify: Is the Patient Pregnant?	Tentative Diagnosis	
☐ YES ☐ NO Relevant Previous Exams?	Relevant History / Reason for Exam (Include any Medications)	
☐ X-Ray Date:	netwart mistory / neason for Exam (include any medications)	
Location:		
ULTRASOUND Date:		
Location:		
CT SCAN Date:	. *	
Location:		
☐ MRI SCAN		
Date:	Essential Pre-Examination Information	
Location:	FOR PATIENT SAFETY: EXPLAIN IF "YES."	
Renal Function Abnormal?	KNOWN IMPLANTED METAL OR DEVICE:	
☐ NORMAL ☐ ABNORMAL	CEREBRAL ANEURYSM CLIP ONO YES TYPE:	
eGFR (preferred):	- ARTIFICIAL HEART VALVE NO YES TYPE:	
or CREATININE:	NEURO STIMULATOR NO YES	
Allergy / Asthma / Hay Fever?	MIDDLE EAR PROSTHESIS NO YES	
Specify:	ORBITAL FOREIGN BODY NO YES	
Is the Patient Claustrophobic?	METAL WORKER (at any time) NO YES SHRAPNEL, BULLET NO YES	
YES NO	ORTHOPEDIC DEVICE NO YES	
Is Sedation Required?	HARRINGTON ROD NO YES	
☐ YES ☐ NO	VASCULAR FILTER/STENT NO YES	
If Van Diagram December Contrator	VENOUS ACCESS DOUGS DINO DIVES	

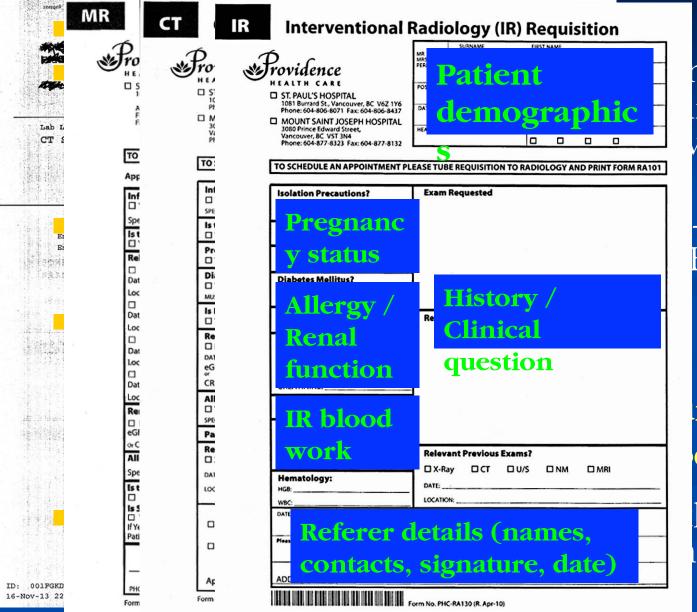
Incomplete Requests will be Returned

Form No. PHC - RA095 (R. Jun-07)

SIGNATURE OF AUTHORIZING PHYSICIAN

PHONE RESULTS: NO YES PHONE NUMBER:

Patient's Weight:



nterventional n a 7 day vember 2013

-based PC Excel file.

idance d work)

he standards ere scanned

C	٦	1	

Computed Tomography (CT) Requisition

	Ď .c
(1/2)	Providence
$\overline{}$	HEALTH CARE

- ST. PAUL'S HOSPITAL 1081 Burrard St., Vancouver, 8C V6Z 1Y6 Phone: 604-806-8071 Fax: 604-806-8437
- MOUNT SAINT JOSEPH HOSPITAL 3080 Prince Edward Street, Vancouver, BC VST 3N4 Phone: 604-877-8323 Fax: 604-877-8132

MR MISS	SURA	LAME	FIRS	T NAME		
MRS MS PERMANENT	ADDRESS					
POSTAL COO	E	CELL PHONE	ног	ME PHONE		WORK PHONE
DATE OF BER	TH (MON	TH/DAY/YEAR)		AGE		SEX
HEALTH CAR	£ 0	-	MSP	WC8	ICEC	OTHER

TO SCHEDULE AN APPOINTMENT PLEASE FAX OR MAIL COMPLETED REQUISITION TO CT DEPARTMENT

Infection Concerns? YES NO SPECIFY:	Exam Reque	sted				
Is the Patient Pregnant? YES NO						
Previous IV Contrast Reaction? ☐ YES ☐ NO						
Diabetes Mellitus? ☐ YES ☐ NO MUST HAVE CREATININE RESULTS FOR DIABETICS.	Relevant His	tory – Reasor	for Scan			
Is Patient Taking Metformin? ☐ YES ☐ NO						
Renal Function? NORMAL ABNORMAL DATE of COLLECTION: eGFR (preferred):	-					
CREATININE:						
Allergies? YES NO SPECIFY:	DATE					
Patient's Weight?	DATE	365	NATURE OF AUT	HORIZING PI	TSICIAN	
Relevant Previous Exams? U/S U/S	Please Print NAME			Prac. No.		
DATE:	ADDITIONAL CO	PY OF REPORT	TO:			
	Department	Use Only				_
☐ With ☐ Without ☐ Oral	•		PRIORITY:	1	2	3
☐ Head ☐ Chest ☐ Abdome	en 🗆 Pelvis					
Appointment Date:	Arriv	val Time:		CT Time:	:	

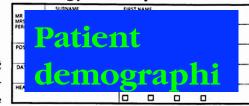
Form No. PHC - RA090 (R. Nov-07)

IR

Interventional Radiology (IR) Requisition



- ST. PAUL'S HOSPITAL 1081 Burrard St., Vancouver, BC V6Z 1Y6 Phone: 604-806-8071 Fax: 604-806-8437
- MOUNT SAINT JOSEPH HOSPITAL 3080 Prince Edward Street, Vancouver, BC VST 3N4 Phone: 604-877-8323 Fax: 604-877-8132



TO SCHEDULE AN APPOINTMENT PLEASE TO BE REQUISITION TO RADIOLOGY AND PRINT FORM RA101

Isolation Precautions?	Exam Requested	
Pregnan		
cy status		
- Allergy /	History /	
Renal	Clinical	
function	question	
IR blood		
work	Relevant Previous Exams?	
Hematology: HG8:	□ X-Ray □ CT □ U/S □ NM □ MRI DATE:	
DATE	details (names,	
contacts contacts	, signature,	
Form No. PHC-RA130 (R. Apr-10)		

Data form – At least 20 data items per patient.

Clinical audit: Adequate completion of Radiology request forms

	Y (yes)/N (no)	Notes (eg which part not legible?)
Patient number for audit data entry	number	
Name?		
DoB?		
Patient location at time of referral (IP / OP,		
address / number)?		
Patient age?		
Patient sex?	M/F	
Request typed?		
Request hand-written?		
If hand-written, is it legible?		
If not legible – which part?		
(eg patient demgraphics, clinical details,		
referrer details)		
Clinical question asked or adequate clinical		
history given?		
If child-bearing age female, pregnancy status		
given?		
Allergy status given (including IV contrast)?		
Renal function given (where IV contrast		
needed)		
Blood work-up given for IR procedures where		
relvant:		
INR/APTT		
Platelets		
Haemoglobin		
Referrer name given? (if form not completed		
by staff)		
Referrer contact details given? (if form not		
completed by staff)		
Staff name?		
Staff contact details?		
Is the form signed?		
Is the form dated?		
	1	

	If child-bearing age female, pregnancy	12
	status given?	
Patient nu	Allergy status given (including IV	13
Name?	contrast)?	
DoB?	Renal function given (where IV contrast	14
Patient lo	needed)	
OP, addre	Dland work we show for ID are sadines	
D (27100	1

completed by staff)	19
Referrer contact details given? (if form	20
not completed by staff)	
Staff name?	21
Staff contact details?	22
Is the form signed?	23
Is the form dated?	24

If child-bearing age female, pregnancy status given?	12
Allergy status given (including IV contrast)?	13
Renal function given (where IV contrast needed)	14
Blood work-up given for IR procedures where relvant:	15
INR / APTT	16
Platelets	17
<u>Haemoglobin</u>	18

	Y (yes) / N (no)	Notes (eg which part not legible?)
Patient number for audit data entry	number	1
Name?		2
DoB?		3
Patient location at time of referral (IP /		4
OP, address / number)?		
Patient age?		5
Patient sex?	M/F	6
Request typed?		7
Request hand-written?		8
If hand-written, is it legible?		9
If not legible – which part?		10
(eg patient demgraphics, clinical details,		
referrer details)		
Clinical question asked or adequate clinical history given?		11

Results – Imaging studies performed 1274 diagnostic scan and IR requests.

- - 859 CT scans
 - 290 MRI scans
 - 125 IR procedures
- Missing requests (not available on PACS, no hardcopy available) and duplicate requests excluded:
 - \blacksquare CT 859 129 101 = 629
 - \blacksquare MR 290 -38 26 = 226
 - IR $125 \frac{3}{3} \frac{21}{21} \frac{24}{21}$ Thyroid FNAs = $\frac{1}{27}$

Results – patient demographics Male: Female 56%: 44%

- Median age 56-years (average 55.8 years, range 15-101 years)
- Inpatient (IP) : Outpatient (OP) 27% : 73%
 - Inpatient = Emergency department and ward patients

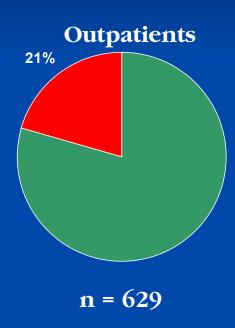
	OP diagnostic	IP diagnostic	IR (IP and OP)
Handwritten	260	120	61
Typed	369	106	16

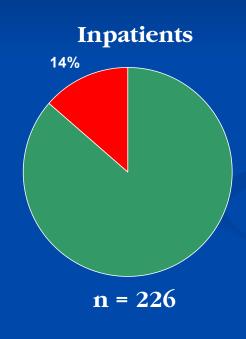
Subjective assessment – Is there a clear clinical question or description of patient's symptoms enabling determination of an imaging protocol?

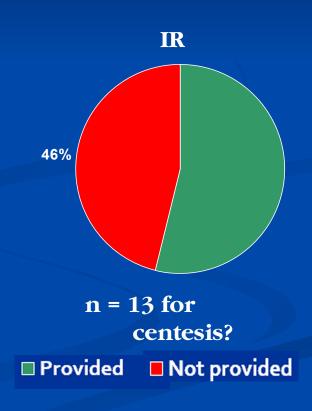
"The difference between the right word and the almost right word is the difference between lightning and a lightning bug."

Mark Twain.

■ 13 patients referred with either ascites or pleural effusion: 6 of 13 requested either "Paracentesis" or "Thoracocentesis" with no indication as to whether aspiration or drain insertion was needed.





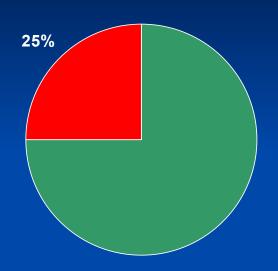


Infection precautions: None Contact Droplet Airborne Airborne & Contact Droplet & Contact	Exam requested: Abdomen Aspiration/Biopsy Breast (MSJ only) Carotid Chest Extremity (specify)	Pelvic/Bladder Prostate (TRUS) Renal Scrotal Thyroid/Parathyroid Vascular (specify)	
Allergy/Intolerance Status:	Miscellaneous	***	
Refer to completed Caution Sheet	☐ Obstetrical		
	palacentesis - ultras	ourd-guided	
Reason for exam:			
this ESLD ongoing neut			

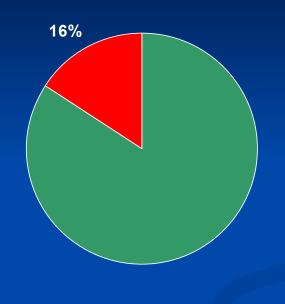
Exam requested:	
CT Abd / Pelus (Pot/ZV)	
Reason for scan: Whome Colo-mitmous fictula	
Relevant history:	

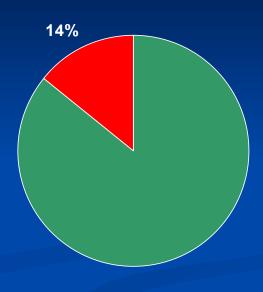
Results – legibility of handwritten





requests Inpatients







$$n = 260$$

Clinical details 45

Referrer details 9

Clinical details & referrer 11

$$n = 120$$

Clinical details 13

Referrer details 4

Clinical details & referrer 2

$$n = 77$$

Clinical details 3

Referrer details 5

Clinical details & referrer

Results – legibility of handwritten requests

Allergy/Intolerance Status: Refer to completed Caution Sheet	Reason for scan:			
Previous IV contrast reaction:	% 550			
Diabetes: Yes No Must have creatinine results for diabetics	Relevant history:			
Is patient taking metformin: ☐ Yes ☐ No	Billoom I of My abd pair & ldos (+ purchase mass)			
Renal function: Normal Abnormal Date of collection: eGFR (preferred): *OR* Creatinine: Patient weight:	Relevant previous exams: X-Ray Date: Location: Ultrasound Date: Location: CT Scan Date: Location:			
Authorizing Physician: Date of requirements of the Printed name Signal College ID Pager	uest: Nov 12, 70 Py Additional copies of report to:			
☐ Within 3 hours ☐ Today ☐ Within 24 hours ☐ Follow-up				

Results – legibility of handwritten requests

- Status	Reason for scan:
Allergy/Intolerance Status: Refer to completed Caution Sheet	
Previous IV contrast reaction:	% 550
Diabetes: ☐ Yes	Relevant history: Me multiple abd sursaired inc. Billiam I of Mu. abd pair x 1dos
Is patient taking metformin: ☐ Yes ☐ No	Billion I To My abd pair x 1200 (+ purchase moss)
Renal function: Normal Abnormal Date of collection: GFR (preferred): *OR* Creatinine: Patient weight:	Relevant previous exams: X-Ray Date: Location: Ultrasound Date: Location: Location: Location:
Printed name Sign	equest: 10002, 7019 Additional copies of report to:

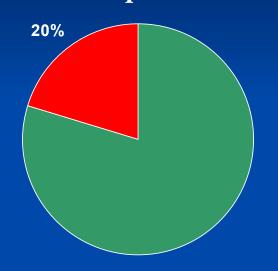
Results – legibility of handwritten requests

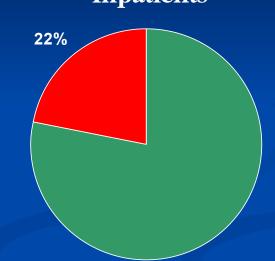
	Exam requested:
	Cardiae MRI.
-	Tentative diagnosis:
1	CHF. HT. DIU
-	Exclusions polecles comes of CHP, & Non-18chomos Condiomerpath
	Relevant history: Tought, partial of CHF, EF 200, See Harter, Cake of MRE to evaluet to See Harter, Cake of MRE to evaluet.

Results - Renal function

eGFR/creatinine provided for all relevant IR procedures.

Inpatients





n = 212 patients in whom IV contrastwas indicated (CT and MRI)

n = 119 patients in whom IV contrastwas indicated (CT and MRI)

■ Provided ■ Not provided

OP renal function tests often performed externally, hence not always immediately available.

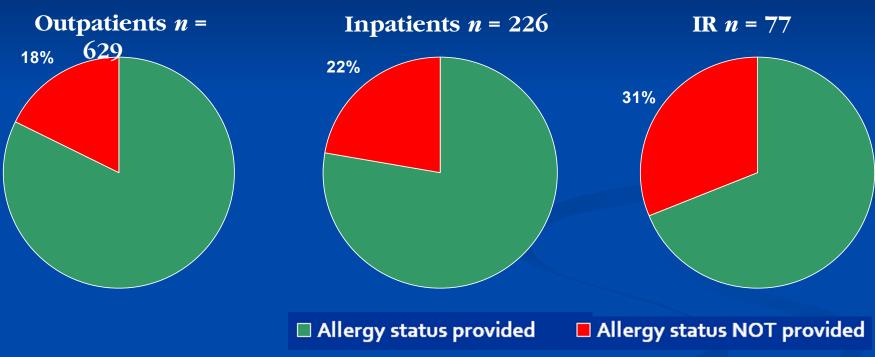
Results – blood work results for IR procedures

Excluded – 3 low risk joint injections (7774 patients)

- INR not given: 29/74 (40%)
- Platelets not given: 33/74 (45%)
- Hb not given: 35/74 (47%)

Results – Allergy and Pregnancy status

 Allergy status not stated on several forms across outpatients, inpatients and those undergoing IR procedures.



- Pregnancy status not given in a a small number of patients:
 - 9/156 outpatients
 - 2/32 inpatients
 - 6/9 patients undergoing IR procedures

17/197 (9%) women of child-bearing age (15-50years.)

Results - Referrers details on request

		forme			
OP <i>n</i> = 629	Referrer name not given	Referrer contact not given	Staff name not given	Staff contact not given	Not signed
NON-Staff referrer (<i>n</i> =60)	15%	48%	13%	75%	20%
Staff referrer (<i>n</i> =569)	-	-	12%	23%	4%
IP <i>n</i> = 226					
	_		/ \		
NON-Staff referrer (n=201)	5 %	16 %	27%	49 %	0.5%
Staff referrer staff (n=25)	-	-	0%	16%	0%
IR <i>n</i> = 77					
				\bigcap	\bigcap
NON-Staff referrer (n=30)	7 %	23 %	30 %	63 %	13 %
Staff referrer (n=47)	-	-	0%	49%	0%

Results - Referrers details on request



NON-Staff referrer (*n*=60)

Staff referrer (*n*=569)

IP n = 226

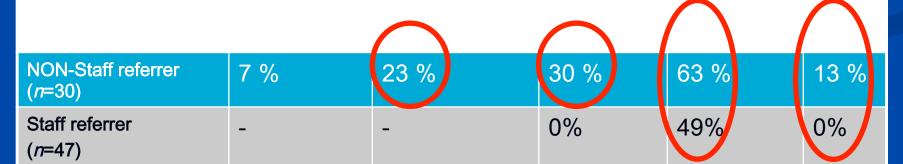
NON-Staff referrer (n=201)

Staff referrer staff (*n*=25)

IR n = 77

No referrer, no staff details & no signature: 4 **outpatient** imaging request forms

No referrer, no staff details & no signature: 1 **inpatient** imaging request form



Results - Referrers details on request

OP n = 629

(no referral date provided 11%)

NON-Staff referrer (*n*=60)

Staff referrer (*n*=569)

IP n = 226

(no referral date provided 14%)

NON-Ctaff referrer (n=201)

Staff referrer staff (*n*=25)

No referrer, no staff details & no signature: 4 **outpatient** imaging request forms

No referrer, no staff details & no signature: 1 **inpatient** imaging request form



(no referral date provided 14%)

Districted 1.1767					
NON-Staff referrer (<i>n</i> =30)	7 %	23 %	30 %	63 %	13 %
Staff referrer (<i>n</i> =47)	-	-	0%	49%	0%

Summary

- Several areas of information lacking across all request forms for OPs, IPs and IR procedures. Notably:
 - No clear clinical question or history in 14-21% of diagnostic imaging request forms.
 - Fluid aspiration *vs* drainage is not clarified in 46%.
 - 14-25% of hand-written forms are not fully legible.
 - 20-22% of forms lack renal function results, and >40% lack blood results relevant to IR.
 - Patients' allergy status not stated on 18-32% of forms .
 - Substantial proportion of forms with no referrer contact details particularly from *junior colleagues*.
- Time wasted in chasing missing information front desk staff, technologists, nurses and radiologists.

Action plan

- Formal letter to heads of each service about what is expected on radiology request forms and educate *junior colleagues* on a case-by-case basis at point of referral.
 - How to do this with GPs?
- Targeted education sessions for junior colleagues at the start of their training?
- Reject the worst requests on a case-by-case basis?
- Standardize the wide range of request form formats.
- Electronic requesting may reduce inadequate form completion if data entry fields are mandatory.
 - Cost implications.

Issue: Are radiology request forms being adequately completed?



Gold standards of practice: SPH request forms, RCR guidelines, Regional IR guidelines.

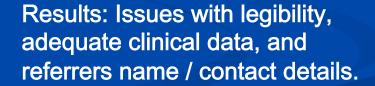
Partial re-audit of IR requests.



Action plan / Implementing change:

- Write to heads of service of what is expected and educate *junior colleagues*
- Various longer term measures.

Assessment of request forms against gold standards





How you want to be treated.

Department of Radiology 1081 Burrard Street Vancouver, BC Canada V6Z 1Y6

Tel 604 806 8026 Fax 604 806 8283 Direct: +1 604 992 2703

Jason Clement, MD, FRCPC Email: jasclement@gmail.com

March 4, 2014

If you have requested a fluoroscopically guided lumbar puncture for one of your patients we require **all** of the laboratory forms relating to the LP to be completed prior to booking an appointment in the Radiology department. As is the case for any interventional procedure we also require written identification and contact numbers for both the ordering physician as well as the staff physician responsible for ordering the exam. We are hopeful that this policy will reduce confusion and incomplete CSF assessments as well as reduce the incidence of repeat LP exams.

Thank you for your consideration of this policy which will help to advance patient care in the Radiology department.

	Initial audit n = 77	Re-audit n = 88
Patient demographics	Always given	Always given
Request typed?	16	19
Request hand-written?	61	69
If hand-written, is it legible?	14%	5%
If not legible – which part?	Not legible	Not legible
(eg patient demgraphics, clinical details, referrer details)		
Clinical question asked or adequate clinical history given?	All adequate	Alladequate
Aspiration (<i>centesis</i>) vs drain insertion unclear?	46%	7% (1/14 patients)
If child-bearing age female, pregnancy	Not given in 6	Not given in 2
status given?	patients	patients
Allergy status given (including IV	Not given on	Not given in
contrast)?	31%	27%

Renal function given (where IV contrast needed)	Yes in all patients	Yes in all patients
Blood work-up given for IR procedures where relvant:		
INR / AP/T	40% not given	20% not given
Plate ets	45% not given	15% not given
<u>Haemoglobin</u>	47% not gi∨en	15% not given
Referrer name given? (if form not completed by staff)	7% not gi∨en	Always given
Referrer contact details given? (if form not completed by staff)	23% not given	9% not given
Staff name?	30% not given	31% not given
Staff contact details?	63% not given	50% not given
Is the form signed?	Not in 13%	Not in 5%
	(non-staff)	(non-staff)
Is the form dated?	Not in 14%	Not in 4%

		•			
	1		Initial audit	Re-audit	
N.	1		n = 77	n.= 88	
	11	diologiv reduest form	Yes in ali	Yesin all	
	11	needed) O_{i}	patients	patients	1.6
	F.	equately geompleted.			06 8283
		where relvant:			
		INR / AP T	40% not gi∨en	20% not given	
		is can be detrimental	45% not given	15% not given	<u>m</u>
		is can be detrimental	47% nc t <i>ș</i> iven	15% not given	
	Marc	rtmentaliwoorkeflow	7% not gi∨en	Always given	
		completed by staff)			
	If you	Referrer contact details given? (if form	23% not given	9% not gi∨en	
	patie	not completed by staff)			
	to bo	seam reduce the frequency	3c% not giv €n	3 13 % not given	
	forb	Staff contact details?	63% not given	50% not given	
	the e.		Not in 13%	Not in 5%	
	asses		(non-staff)	(non-staff)	
		Is the form dated?	Not in 14%	Not in 4%	
	Than	If child-bearing age female, pregnancy	Not given in 6	Not given in 2	
	III tilt	status given?	patients	patients	
_	• Var	Allergy status given (including IV	Not given on	Not given in	
		contrast)?	31%	27%	
	meas	Jul 00.			

- Radiology request forms will continue to be inadequately completed.
- This can be detrimental to patient safety and departmental work-flow.
- We can reduce the frequency of inadequately completed request forms.

Acknowledgements

- Dr Patrick Vos supervisor
- Judy Lawson PACS manager

bhimodedra@gmail.com