

**SUNNYBROOK HEALTH SCIENCES CENTRE  
REQUEST FOR RADIOLOGICAL CONSULTATION**

**NAME:** \_\_\_\_\_  
Surname First

**SEX:** \_\_\_\_\_ **MRN#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
# Street Apt.

City Prov. Postal Code

**EXAMINATION DATE:** \_\_\_\_\_

**Patient's Home Phone #** \_\_\_\_\_ **Business Phone #** \_\_\_\_\_

Patient Identification

**PATIENT BILLING DATA**

Health Card Number \_\_\_\_\_

OHIP Number \_\_\_\_\_

Holder Relation: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

**Circle Where Applicable:**

IOH - INPATIENT OTHER HOSPICAL

S - SELF PAY

N - SELF PAY (NON-RESIDENT)

WCB - WORKERS COMPENSATION

U - UNKNOWN

- Emergency/Trauma
- Inpatient Nursing Unit \_\_\_\_\_
- Outpatient Clinic/Room \_\_\_\_\_
- Other Hospital

**REFERRING PHYSICIAN DATA**

Physician in Charge \_\_\_\_\_

Clinic or Room \_\_\_\_\_

Referring Phys. OHIP Number \_\_\_\_\_

Referring Phys. Fax Number \_\_\_\_\_

Referring Physician's Address if Private Patient

Referring Physician's Phone Number if Private Patient

**TEST PRIORITY: (SELECT ONE)**

**TRANSPORTATION: (SELECT ONE)**

**PATIENT INDICATORS**

- Stat (Requires approval call 4336)
- Urgent (ASAP)
- Routine

- Ambulatory
- Wheelchair
- Stretcher
- Operating Room
- Portable

- Diabetic
- Epileptic
- Intravenous
- Possible blood & body fluid (BBFP)
- No Restrictions
- Isolation
- Oxygen
- Renal Disease

**EXAM(S) REQUESTED**

**(PERTINENT CLINICAL HISTORY)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician: \_\_\_\_\_

**SPACE BELOW FOR USE OF RADIOLOGY DEPARTMENT ONLY**

RCP DATE TIME ROOM TECH I.D.  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
yy mm dd 24 hr. clock

EXAM NAME	OHIP CODE	Film Size	Number	Film Size	Number	Film Size	Number
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____