



Health Sciences North
Horizon Santé-Nord

CT COLONOGRAPHY REQUEST FORM (CTC)

Apt Date: _____ Time: _____ a.m./p.m.

Fax Requisition and Relevant Reports to
Medical Imaging Bookings Fax 705-523-7286

Ramsey Lake Health Centre/ Centre de santé du lac Ramsey
DIAGNOSTIC IMAGING/VISUALISATION DIAGNOSTIQUE
41 Ramsey Lake Rd., Sudbury ON P3E 5J1
www.hsnsudbury.ca

**FAILURE TO COMPLETE THIS REQUISITION IN FULL WILL
RESULT IN A DELAY OF BOOKING**

Patient Information

Patient Name: _____
(First name Last name)

DOB: _____ SH# _____

Patient phone # _____

Patient has consented to a message being left at contact #? Y ☐ N ☐

Address: _____

Health Card No.: _____

DEPARTMENT USE ONLY

Radiologist: _____

Clinical Indication:

☐ Cancer staging ☐ Screening ☐ Other _____

Priority Rating:

☐ 1. Emergency (Immediate) ☐ Approved
☐ 2. Urgent (within 48 hrs.) ☐ Rejected (reason): _____
☐ 3. Semi-Urgent (within 10 days)
☐ 4. Non-Urgent (within 4 weeks)

Radiologist Protocol:

Additional Instructions:

Start with: ☐ Prone ☐ Supine ☐ RT Decubitus ☐ LT Decubitus

Call Radiologist: ☐

- Please include a copy of any recent optical colonoscopy or relevant imaging reports
- Please **inform the patient that following the correct bowel preparation is critical** and that a rectal tube will be used during the exam. Our department will provide all preparation information required.
- Incomplete and illegible requisitions will be returned

CLINICAL HISTORY:

Please select one:

- ☐ Incomplete Scope
☐ Screening
☐ Staging Cancer

THE FOLLOWING MUST BE COMPLETED FOR ALL CTC REQUESTS

	YES	NO	DATE	SPECIFY HISTORY	
Previous optical colonoscopy					
Colon biopsy or polypectomy (within 6 weeks)					
	YES	NO		YES	NO
Previous polyps			Active colitis / Crohn's/Inflammatory bowel disease		
Family history of colon cancer			Active diverticulitis (within the last 6 weeks)		
History of cancer			History of severe constipation		
Bowel Surgery/stoma			Cardiac insufficiency or known Heart Disease		
FIT			Allergy to IV Contrast or Hyoscine (Buscopan)?		
DNA stool			Known kidney disease or contraindication to CT Contrast?		
Cologic			If at risk of Contrast Induced Nephropathy a recent creatinine must be done within 30 days prior to appointment		
On Antidepressants? What kind?					

ORDERING PHYSICIAN

SIGNATURE

PRINT NAME

DATE (YYYY/MM/DD)