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