Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Interventional Radiology Requisition

Telephone: 905-883-2004 / 905-832-4554 Ext. 2004 **Fax: 905-883-0772**

Patient Information

Last Name:	First Name:
Health Card Number:	Version:
Date of Birth: (dd/mm/yyyy)	Gender:
Weight:	Height:
Address:	
Telephone:	Alternate Number:
Restricted Mobility:	Restriction:

Primary Language Spoken: _____
Is the patient fluent in English? ☐ Yes ☐ No ** **If no, please ask patient to bring a translator if available**.

Procedure Requested:

Relevant Clinical Information *(must be provided)*:

Is hospital admission required for procedure? ☐ Yes ☐ No

Cytology Required: ☐ Yes ☐ No Culture Required: ☐ Yes ☐ No Lymphoma Protocol: ☐ Yes ☐ No

Additional Lab Required:

Medical History:

Renal Disease	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No
Cardiac/Pulmonary Disease	☐ Yes	☐ No
Pregnancy	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No

Implanted Device(s) ☐ Yes ☐ No
Device Type and location: _____

Is Patient on Dialysis:
Hemodialysis ☐ Site: _____
Peritoneal ☐

Allergies: **Reaction(s):**

Contrast Dye ☐ Yes ☐ No

Medication(s):

Anti-inflammatory drug	☐ Yes	☐ No
Cox-2 Inhibitors	☐ Yes	☐ No
Chemotherapy	☐ Yes	☐ No
Metformin	☐ Yes	☐ No

Anticoagulants: List

Oral Anticoagulants	Subcutaneous Anticoagulants

List of other medications: _____

Anticoagulation/Antiplatelet Discontinuation:

Referring physician is responsible for ensuring patient receives appropriate instructions on any necessary discontinuation of anticoagulation/antiplatelet medication.

Please consult interventional Radiologist if it is deemed inappropriate or unsafe to discontinue anticoagulation/antiplatelet therapy.

If patient is currently prescribed ORAL anticoagulants, please STOP five (5) days prior to procedure.

If patient is currently prescribed SUBCUTANEOUS anticoagulants, please STOP 48-72 hours prior to procedure.

Has the patient had relevant diagnostic imaging completed at Mackenzie Health ☐ Yes ☐ No
Ultrasound ☐ CT Scan ☐ MRI ☐ X-RAY Date: _____ (dd/mm/yyyy)
If No, is relevant diagnostic imaging available ☐ Yes ☐ No Institution:

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1. Please Note: An incomplete requisition will cause a delay in service to your patient.

2. The patient may need to attend a pre-op clinic visit prior to their scheduled interventional procedure.

3. Please attach most recent blood work.

Physician Information		
Referring Physician: *(print first, last)*		
CPSO #:		
Office Address:		
Telephone: (office)	**Private:**	**Cell:**
Fax:		
CC:		
Physician Signature:		
Date of Request:_____(dd/mm/yyyy) **Address:**		

Patient Preparation and Information

PATIENT PREPARATION:

1. Patients will have pre-procedural blood work done prior to procedure – if required.

2. Please review ALL of your medications with your physician or health care provider.

3. Blood thinning medications may need to be held prior to the procedure. Consult with your physician or health care provider.

4. Bring all your medications with you on the day of your pre-op visit and/or procedure.

5. Patients should have a light breakfast with *regular medication the morning of the procedure
*excluding any blood thinners that have been discussed with your physician.

6. All patients must have a responsible adult drive them home following the procedure unless otherwise instructed.

Incomplete preparation may result in rescheduling of your procedure.

PATIENT INFORMATION:

- Bring your Ontario Health Card.

- Upon arrival you are required to register for your appointment at Patient Registration on the main floor of the hospital. Please check in using our self-serve kiosks.

- If you are unable to keep your appointment, please call Patient Scheduling at 905-883-2004.

- Depending on the type of procedure you are scheduled for, you may be required to be at the hospital for up to eight (8) hours. This time includes preparation time, procedure time, and recovery time.

- If you have any questions about this procedure, please contact your referring physician.