704501 (2014-09) Hamilton	DIAGNOSTIC IMAG			Annt Data 9 Time.					
Health	REQUEST FOR CONSU			Appt. Date & Time:	((dd/mm/yyyy	<i>'</i>)	(hh:mm)	
Sciences	General Juravinski	McM	aster	Par May 1	÷		Fist	Name	
Date Order Requested:	(dd/mm/yyyy)			APT # Ukas.	ವರ್ಧ				
Referral Location (Ward/Clinic)				The state of the s		2.3).		
Mode of Transportation: Portable Wheelchair Stretcher Crib Bed				≓iiN			rsion Code		
☐ ISOLATION ☐ Oth	er			Patient's DOS	.ª.ge	Sex	K M	Surv 2	
Diabetic:	Asthmatic: Heart D Yes ☐ No ☐ Yes	isease:	;	(ddimm/yyyy)					
Medications: Metformin/Glucophage Avandamet Coumadin			√ySiB ⊯ / Otner ins.						
Others:				Weditson Unit #					
Renal Function: Serum Creatinine Level Date:(dd/mm/y				Mediteon Appræ					
				Prev. pertinent Imaç	ges - 🔲 No	Yes	- if yes, ex	am & dat	
Allergies: Not Known YES - Details				done					
or Meditech Allergy form SF 710011					ī -			(dd/mm/yyy	
Pt. Pregnant: No Yes - LMP (dd/mm/yyyy)							ON BY TE	CH	
CLINICAL HISTORY		EXAMS REQU		ESTED	Number Views	Fluoro Time	Exp Factors	Initials	
		111	deste	mouss cob) c	1.0	11110	1 401013	mudio	
				ulcu					
				idy	(415)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
			7	SLP					
							45-65		
			Physician Doing Procedure:						
			Completion Date: (dd/mm/yyyy)Time: (hh:mm)						
Physician's Signature Telephone / Ext / Pager Numb Copies T					Call F	Report	☐ No	Yes	
Print Physician's Name Charting Notes: (COMP)	ETION RV Health Care profess	Copies	10:					<u></u>	
				dentified: Birthdate Armband Address					
Co				atient Pregnant: Yes No onsent obtained: N/A Verbal Written					
				Lead Protection: Yes No					
			1/2 Apror	Full Apron	_ Thyroid _	Brea	stGor	nadal	
	1 m		Patient F	leld by: Family	Staff	Parent	Other _		
				Pregnant: Yes No					
***************************************	2		Lead Wo	rn: Full Apron 1	nyroid				
		-	Jewellery	/ / Valuables - Items re	emoved:				
				n to family Given to patient					
				removed and retained Put into envelope/container					
			Replaced	on patient Yes	No	•			
Printed Name				e: Patient/Designate					
				Witness					
Sign	ature and Designation		•						
	Exchange of Information	was per	formed as	per Department Policy					