

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

Department of Diagnostic and Interventional Radiology

CT SCAN REQUISITION FORM

Patient name..... Age/ Sex..... Patient AIIMS ID.....CT No.....

OPD/ IPD..... Bed No..... Ref. Physician..... Date.../.../....

Pregnancy – (Yes/ No)..... Date of LMP.....

Any history of Allergy/ Asthma/ DM/ HTN/ Renal disease/ cardiac disease/ surgery (Yes/ No):.....

Any chemotherapy/ radiotherapy received (Yes/ No):

Serum Urea..... Serum Creatinine.....

Clinical History and provisional diagnosis:
Previous scans (USG/ CT/ MRI) – (Yes/ No):
Area of interest (Please specify Non contrast / Contrast CT):
Clinician Signature: Name and Designation:

For Radiology Department

Technician:	Appointment Date:	Duty Resident's Protocol:
	Time:	
Contrast used (ml):	Amount Paid:	For Technician:
	Bill No. :	
Remarks:		For Nursing Staff :

I/V Cannulation:

Negative/ Positive oral contrast:

Rectal Contrast:

Informed consent for CT: I hereby give my consent for injection of contrast/ Sedation/ Anaesthesia for CT Scan and if required admission in ICU. I have been explained the benefits, risks and likely complications involved in this procedure in a language which I understand

Contact no.....

Patient / Relative's Signature/ Thumb Impression:

Pregnancy consent:

This examination requested by my physician is potentially harmful to my pregnancy and may cause a miscarriage or congenital deformity. I understand this potential risk to the pregnancy and I agree to have the examination performed as requested.

Signature / thumb – Patient**Signature - Witness:**

मरीज के लिए निर्देश	Instruction for Patient
1. जांच के दिन सुबह.....बजे रिपोर्ट करे।	Please report at 8:30 am on the date of appointment
2. जांच के समय सुबह..... बजे से कुछ भी ना खाएं/पीये।	Please do not eat or drink atleast 4 hours prior to appointment time.
3. मरीज जो किसी प्रकार की दवाई ले रहे है उन्हें पानी की एक घूंट के साथ सुबह की खुराक लेनी चाहिए।	Patients who are on some medications should take morning dose with a sip of water.
4. जांच के दिन अपनी सभी पुरानी जांचे एवं एक्स रे सोनोग्राफी सी.टी. स्केन एवं एम. आर. आई साथ में लाए।	Please bring all reports and previous scans (USG/ X-Ray/ C.T. MRI) along with you
5. हाल की रक्त की जांच (यूरिया एवं क्रियेटिनीन) रिपोर्ट साथ में लाए।	Recent KFT (serum urea and creatinine) reports
6. अपने साथ कम से कम एक ब्यस्क रिश्तेदार को जरूर लाये।	Please bring atleast one adult attendant with you
7. जांच के दिन अपने सभी पहने हुए गहने (नाक कान गले) घर छोड कर आए।	Please remove and keep all your ornaments (nose, ear, neck) at your home on the date of appointment
8. अपने साथ निम्नलिखित वस्तुए लाए <ul style="list-style-type: none">..... इंजेक्शन यूरोग्राफिन/ मेनीटॉल/पेगलेक..... मिली आयोहेक्सोल 300 मिलीग्राम/ 350 मिलीग्राम /आयोडिक्सानोल 320 मिलीग्राम2 लीटर पीने का पानीडीवीडी – आर	Please bring following things with you <ul style="list-style-type: none">.....injection urograffin/ Mannitol/ Peglec..... ML of Iohexol – 300 mg / 350 mg, Iodixanol – 320 mg2 liter of drinking waterDVD – R