

Radiology Requisition

A completed radiology requisition signed by the assigned Clinic Faculty Doctor is required to schedule radiology appointments. After completion and approval of the physical examination, the intern will fully complete and sign the radiographic requisition prior to seeking the assigned Clinic Faculty Doctor's approval signature and subsequent scheduling of the X-rays.

Guidelines to complete the radiology requisition:

1. Legibly print the patient's full name and file number.
2. Date the requisition.
3. Indicate the patient's gender as M(ale), F(emale) or O(ther).
4. Specify the LMP date for female patients and observe the "ten-day-rule". (See explanations above under "'Ten-Day Rule.'")
5. Indicate the date of birth, height, weight, and occupation (also specify the type of daily activity) of the patient.
6. Note any previous imaging procedures performed and indicate the specific date and location, if known.
7. List the patient's major complaint(s) with specific areas of pain (e.g., C4/C5 on the right, right SI, etc.) including onset, quality and severity of pain, radiating or not, exact location, duration/timing, etc. Indicate acute, subacute or chronic.
8. List all "Relevant Exam Findings" such as major orthopedic, neurological and/or other patient exam findings, "Reason for Taking Radiographs" and "Differential Diagnoses" documented (see above "Indications for Ordering Radiographs").
9. Check appropriate boxes for "History of Trauma". If yes, document date and description of the mechanism of injury and/or trauma sustained.
10. Check boxes for "History of Serious Illness or Disease" and if yes, describe all significant patient history with relevant dates, e.g., cancers, infections, history of diabetes, inflammatory disease, fractures, dislocations, previous diagnoses, etc. Indicate if the patient has ever received radiation therapy and document what condition necessitated such treatment and include all relevant dates. In the presence of trauma, list mechanisms of injury and all relevant dates.
11. Check yes or no for "Tumors". If yes, document the type of tumor. Next, document the treatment/therapy noting whether radiation, chemotherapy or excision was performed. Also notate whether the excised tissue was benign or malignant. If unknown, so indicate.

12. Notate any "History of Previous Surgery" with date(s), description of treatment(s), and specific reason(s) surgery was performed.
13. "Medications" prescribed or taken by the patient are to be documented completely.
14. Select the requested radiographic "Series Ordered". Note: The assigned CFD must initial next to each series ordered.
15. Interns' name and number must be legible.
16. The assigned CFD will then print their name/number and approve the requisition with a legible signature. NOTE: If the responsible Clinic Faculty Doctor is not available, an available CFD may authorize the films below the "Assigned Doctors" printed name. A copy of the radiology report will be sent to the responsible doctor.
17. The supervising radiology personnel will sign the requisition after completion of the exam and a copy will be scanned to the radiologist.
18. The original radiographic requisition must be placed in the patient's file at the conclusion of the radiographic study.

Consent to X-ray/Pregnancy Release

1. All patients must consent to the X-ray exam by signing the "Consent to X-ray" form on the date of the study just prior to receiving X-ray. The patient's signature will be witnessed by the intern.
2. In addition, all female patients sign the "Pregnancy Release" (bottom section of the "Consent to X-ray" form). Please observe the "ten-day rule" for females of childbearing age (See "Ten-Day Rule").
3. In case of minor patients, the parent or guardian is required to sign the consent form.