

North Bay Regional Health Centre

Diagnostic Imaging
Bone Mineral Density Requisition
(705) 474-8600 ext. 2820

Patient Name: _____

Health Card #: _____

Phone: Day: _____

Evening: _____

FAILURE TO COMPLETE THIS REQUISITION IN FULL WILL RESULT IN A DELAY OF BOOKING THE EXAM

CLINICAL INFORMATION FOR STUDY as required by OHIP schedule.

Baseline

High Risk yearly follow-up

Low Risk Please indicate follow-up: 3 years 5 years

Previous BMD Yes No

If yes: Date of last BMD _____ Where: _____

Special needs (example: wheelchair) Yes No

If yes, please specify:

Please check Yes if this patient is currently taking any cytotoxic medications (see reverse for list of cytotoxic drugs)

MANDATORY FOR PEDIATRIC REQUESTS

Age: _____ DOB _____/_____/_____
 Male Female dd mm yyyy

***Please Fax all requisition to 705-495-7984 for appointment time.**

Signature of Ordering Physician: _____

Print Name of Ordering Physician: _____

For non NBRHC physicians:

Please include Ordering Physician # for billing purposes to avoid any delays in care # _____

Patient Information

Appointment Time: _____

- **Do not take calcium pills the day of your test.**
- Remove any bellybutton rings.
- **Do not wear perfume.**
- If you are unable to keep this appointment, please call 705 474 8600 ext 2820 to change it.

Please arrive 15 minutes early for all appointments, bring your health card as well as this form. Failure to do so may result in appointment rebooking.

Renseignements à l'intention du patient

Heure du rendez-vous : _____

- **Ne prenez pas de comprimés de calcium le jour du test.**
- Enlevez les anneaux pour nombril.
- **Ne portez pas de parfum.**
- Si vous ne pouvez pas vous présenter à ce rendez-vous, téléphonez au 705 474-8600, poste 2820, pour changer le rendez-vous.

Présentez-vous 15 minutes avant l'heure de votre rendez-vous et apportez votre carte Santé ainsi que le présent formulaire. Sinon, votre rendez-vous pourrait être remis à une autre date.

See reverse for RHC 2289 – Hazardous Drugs List - Cytotoxic

**North Bay Regional Health Centre
Hazardous Drugs List - Cytotoxic**

GENERIC NAME (TRADE NAME)	INJECTABLE	GENERIC NAME (TRADE NAME)	INJECTABLE
Amsacrine	inj	Oxaliplatin (Eloxatin)	100 mg vial
Arsenic	inj	PACLitaxel protein bound	100 mg vial
Asparaginase	10,000 unit vial	PACLitaxel (Taxol)	300 mg vial
Azacitidine (Vidaza)	100 mg vial	Pegasparagase	inj
Bendamustine (Treanda)	25 mg vial 100 mg vial	Pemetrexed	500 mg vial
Bleomycin (Blenoxane)	15 unit vial	Pentostatin	inj
Bortezomib (Velcade)	3.5 mg vial	Raltitrexed	2 mg vial
Busulfan	Inj	Streptozocin (Zanosar)	vial
CARBOplatin	600 mg vial	Temsirolimus	inj
Carmustine (BiCNU)	100 mg vial	Teniposide	inj
CISplatin	50 mg / 50 mL	Thiotepa	inj
Cladribine	Inj	Topotecan (Hycamtin)	4 mg vial
Cyclophosphamide (Cytoxan / Procytox)	1000 mg vial	Valrubicin	inj
Cytarabine	1000 mg vial 100 mg vial	VinBLAStine	10 mg vial
Dacarbazine	600 mg vial	VinCRIStine	2 mg vial
Dactinomycin	inj	Vinorelbine (Navelbine)	50 mg vial
Daunorubicin	inj		
Decitabine	inj		
Degarelix	inj		
Dexrazoxane	inj		
DOCEtaxel (Taxotere)	80 mg vial		
DOXOrubicin (Adriamycin)	200 mg vial		
Epirubicin (Pharmorubicin)	200 mg vial		
Eribulin	1 mg vial		
Estramustine	inj		
Etoposide (Vepesid)	200 mg vial		
Fludarabine (Fludara)	50 mg vial		
Fluorouracil (5-FU)	5000 mg vial		
Gemcitabine (Gemzar)	1000 mg vial		
Idarubicin	inj		
Ifosphamide	inj		
Irinotecan (Camptosar)	100 mg vial		
Mechlorethamine	inj		
Melphalan	inj		
Methotrexate	50 mg inj		
Mitomycin	20 mg vial		
MitoXANtrone (Novantrone)	20 mg vial		
Nelarabine	inj		