

PHYSICIAN'S ORDERS
RADIATION THERAPY PLANNING (Adult)

Weight _____ (kg)

Allergies _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

Clinical Mark Up: Site:

CT Simulation: Site:

Radiopaque contrast media required? Yes No

If yes, specify: Oral _____

Rectal _____

IV _____ (complete box below)

For patients receiving **IV** radiopaque contrast media, complete the following section:

Is the patient diabetic?: Yes No

Is the patient on metformin?: Yes No

Any concerns regarding patient renal function? Yes No

If yes to any of the above, give patient requisition for baseline creatinine level to be performed within one month prior to the CT SIM appointment. Refer to Clinical Practice Guideline CPG 19-2 Radiopaque Contrast Media.

Please tick box if patient has following:

Prosthesis

Pacemaker

Heart Valve Replacement (TRUS patients only) - If checked, document on ultrasound requisition form.

Ensure that:

- Consent for Radiation Therapy on chart
- CT Simulation Requisition completed in Varis
- Physician intent completed in RT chart
- Ultrasound requisition for TRUS patients completed

Date: _____ Time: _____

Radiation Oncologist SIGNATURE

