ENDOCRINOLOGY & DIABETES UNIT
Medical Investigation Facility
Phone: 604-875-22=345, x7591
Toll-free: 1-888-300-3088, x7591
Fax: 604-875-2098
http://endodiab.bcchildrens.ca

Name:___________________________
DOB:____________________ (yyyy-mm-dd)
MRN: ______________________(if known)
PHN:____________________________

OUTSIDE ENDOCRINOLOGIST TESTING REQUEST

TESTING TO BE PERFORMED

☐ GnRH	☐ low-dose ACTH	☐ high-dose ACTH	☐ OGTT	☐ water dep
GH stimulation:	☐ arginine	☐ clonidine	☐ glucagon	☐ insulin
☐ GH suppression		☐ other:		

DATE OF TESTING REQUESTED: _____________ (yyyy-mm-dd). Once the date is confirmed, you must enter the orders in CST Cerner with the corresponding order!

PATIENT INFORMATION

height cm	weight kg	BSA m²

BRIEF HISTORY (or may attach a recent note)

SIGNIFICANT PATIENT MEDS

SIGNIFICANT ALLERGIES

OTHER IMPORTANT PATIENT INFORMATION

YOUR CONTACT INFORMATION

cell phone:	office phone:	pager:

ENDOCRINOLOGIST:__________________ **DATE COMPLETED:** ___________ (yyyy-mm-dd)

BCCH USE ONLY: patient-related concerns/questions:

Community Endo contacted by MIF: ☐ yes ☐ no ☐ not reachable
BCCH Endo contacted by MIF: ☐ yes ☐ no ☐ not reachable

PLEASE FAX TO BCCH MEDICAL INVESTIGATION FACILITY, 604-875-2098