



Diagnostic Imaging – MRI Requisition

Ajax Site
580 Harwood Ave. South
Ajax ON L1S 2J4

Centenary Site
2867 Ellesmere Road
Scarborough ON M1E 4B9

Contact Central Booking

Telephone
(416) 281-7299
Toll Free 1-866-752-6989

Facsimile
(416) 281-7493
Toll Free 1-866-752-6990

Out Patient **In Patient** **Emergency Dept.**

Appointment

Date	Time	Chart #
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Exam Requested _____

Working Diagnosis _____

Clinical Information _____

Previous imaging studies (please attach report)

X-Ray Ultrasound MRI
 Nuclear Medicine CT Scan Other _____

Does the patient require **sedation** (to be provided by referring physician)? Yes No

Patient weight _____

If any risk factors for **Contrast Nephropathy** are present, you must provide the following

Creatinine _____ B.U.N. _____

Date of blood test _____

Creatinine clearance _____ or eGFR _____

Patient name _____

Date of birth _____ Sex Male Female

Health Card _____ Version Code _____

Address _____

City _____ Postal Code _____

Telephone Home (____) _____

Business (____) _____

Cell (____) _____

WSIB Claim # _____

Other Insurance Claim # _____

Patient Screening (must be completed by patient)

Please check either Yes or No

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you EVER done any metal work (i.e. welding, grinding, cutting) as either a profession, hobby or at school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an injury to your eye involving metal? | <input type="checkbox"/> | <input type="checkbox"/> |

Referring Physician: If the answer is YES to questions 1 or 2, please order X-ray of the Orbits on the patient and submit the report with this requisition.

3. Could you be pregnant?

4. Do you have any of the following?

* = **an absolute contraindication**

* Cardiac pacemaker/Leads

* Aneurysm clips

* Cochlear implants

Artificial cardiac valve Make _____ Model _____

Neurostimulator/Implanted pump

Shrapnel/Bullets

Other implanted devices _____

5. Have you ever had surgery on your...
- | | | |
|-----------------|--------------------------|--------------------------|
| Head | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | <input type="checkbox"/> |
| Spine | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> |
| Arms/Legs | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any part of sections 4 or 5, please provide details

Patient Signature **X** _____

Referring Physician

Address _____

Telephone (____) _____

Fax (____) _____

Copies to _____

Physician Signature **X** _____

Date _____

Radiologist Use Only

Priority P1 P2 P3 P4

Monitor Yes No Gadolinium Yes No

Exam Protocol

Scan length _____

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.

Diagnostic Imaging MRI Requisition

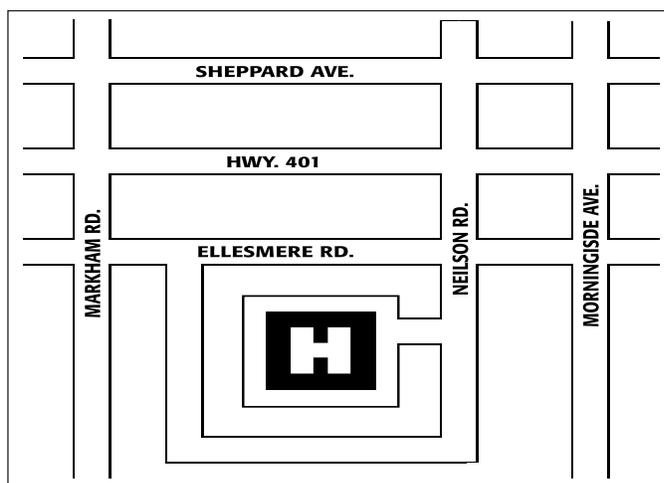
Patient Instructions

- MRI bookings office **(416) 281-7299**.
- If you have **ever** worked with metal (i.e. grinding, welding or cutting as a hobby, profession or at school) or if you have **ever** had a metal injury to your eyes, then you **must** have your orbits (eyes) x-rayed prior to your appointment. Please contact the MRI bookings office if you feel this applies to you.
- If you work with metal on a daily basis, please contact the MRI bookings office so that your appointment can be booked accordingly.
- If you require sedation (due to claustrophobia or other reasons) your physician must give you a prescription prior to your appointment date. You must also plan on arriving one hour prior to your appointment time so that consent forms may be signed prior to administration of a sedative. **You should not take the sedative prior to registering with the MRI Department.** You must come with a support person who can take you home at the end of the procedure. If you do not come with a support person your MRI may be re-booked.
- All body piercings must be removed prior to arrival.
- If you wish to cancel a booked MRI, please call the MRI bookings office immediately so we can utilize the time slot for another patient.
- In order to expedite the reporting of your examination, please bring all of your outside files/images. This includes x-rays, ultrasound, CT scan, nuclear medicine scan or previous MRI.

It is the responsibility of the patient to follow-up with their referring physician for the results of their examination.

Preparation

- **Abdominal MRI (i.e. liver, pancreas, kidneys, adrenal glands)**
Nothing to eat or drink after 12:00 midnight.
- **Pelvic MRI**
Nothing to eat or drink four hours prior to your appointment.
- **All Other MRI Examinations**
No preparation necessary.



Centenary Site

2867 Ellesmere Road, Scarborough ON M1E 4B9

The MRI Department is located on the first floor of The Margaret Birch Wing.