INCOMPLETE AND/ OR UNSIGNED REQUISITIONS WILL BE RETURNED

Trillium Health Partners

DIAGNOSTIC IMAGING REQUISITION M.R.I.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL (905) 848-7554 24 HOURS IN ADVANCE TO CANCEL

Booking Office:
Telephone (905) 848-7554
Fax (905) 848-7295

Is this a WSIB Claim? ◯ Yes ◯ No

Claim# _____

Technologist's Comments:

Diagnostic Imaging Protocol Use Only

Patient Name: _____

Date of Birth: _____ ◯ Male ◯ Female

Health Card # Version Code

Address: _____

City: _____ Postal Code:

Telephone Res: Bus:

Exam Requested: _____

Areas of Interest: _____

Clinical Information:

Accurate Weight **(Max** 300lb):

Height:

Is Patient on Dialysis? ◯ Yes ◯ No

Ambulatory

Ambulatory with assistance

Non-Ambulatory

* Please attach relevant previous reports

Referring Physician:

Address:

Phone: **OHIP Billing Number:**

Fax: _____

Physician Signature: _____

Redirect to ◯ **CVH** ◯ **HHS (Oakville)**
or ◯ **Any if waitlist is shorter**

PATIENT SCREENING

For all questions, please check either 'Yes' or 'No'	YES	NO
Note: If the answer to #1 or #2 is 'Yes', an X-Ray of the Orbits must be carried out and the report is attached		
1. Have you ever worked as a metal grinder/Welder?	◯	◯
2. Has metal ever gone into your eye?	◯	◯
3. Could you be pregnant?	◯	◯
4. Do you have any of the following?		
Cardiac Pacemaker	◯	◯
-Artificial Cardiac Valve ... Make & Model	◯	◯
- Aneurysm Clips ... Type/Where?	◯	◯
- Neurostimulator	◯	◯
- Cochlear Implants	◯	◯
- Lens Implants ... If 'Yes", when?	◯	◯
- Shrapnel / Bullet. .. If 'Yes', where?	◯	◯
- Porta-Cath ... Pump?	◯	◯
- Dentures/ Braces	◯	◯
-Any other implanted device ... Specify	◯	◯
5. Have you ever had surgery on your		
- Head, Neck	◯	◯
- Spine	◯	◯
- Chest	◯	◯
-Abdomen	◯	◯
-Arms/ Legs	◯	◯

If the answer to any of the above is 'Yes", please explain:

6. Is the patient subject to claustrophobia? If 'Yes', medication is to be prescribed.	◯	◯

Patient Signature:

Tech Signature: _____

Tech Verified Side: Please initial

FORM#: 8195 - (Sept/2018)

Click to Clear

7-365