Lakeridge Health

Diagnostic Imaging
MRI Requisition

☐ Out Patient ☐ In Patient ☐ Emergency Department

Ajax−Pickering
580 Harwood Ave. S
Ajax, ON L1S 2J4

Central Booking Contact
Telephone 905−721−4717
Toll Free 1−866−232−0322
Fax 905−428−5243

Appointment

Date	Time	Chart #

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

Risks for Contrast Nephropathy

Are you over age 60	☐ Yes	☐ No
Renal disease (solitary kidney, renal transplant, tumor)	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Stroke/Myocardial Infarction	☐ Yes	☐ No
Peripheral Vascular Disease	☐ Yes	☐ No
Organ Transplantation	☐ Yes	☐ No
Chemotherapy for malignancy	☐ Yes	☐ No

If you chose yes to any risk factors for contrast nephropathy you must provide the following:

Creatinine _____ eGFR_____ Test Date _____

Radiologist Use Only

Priority ☐ P1 ☐ P2 ☐ P3A ☐ P3B ☐ P4 ☐ Timed ☐ Cancer ☐ Breast Cancer ☐ Other

Contrast ☐ Yes ☐ 3T ☐ 1.5T

Exam Protocol

Referring Physician

Name

Address

Telephone ( ) Fax ( )

Physician's Signature

Patient Information

Patient Name _____ (Last Name) _____ (First Name)

Date of birth _____ (DD/MM/YY) Sex ☐ Male ☐ Female

Health Card _____ Version Code _____

Address _____

City _____ Postal Code _____

Telephone Number Home ( ) _____

Cell ( ) _____ Business ( ) _____

☐ WSIB Claim # _____

Patient Screening (*must be completed by patient)*

Please check either Yes or No

1. Have you **EVER** done any metal work (i.e. welding, grinding, cutting) as either a profession, hobby or at school and not **ALWAYS** worn safety glasses? ☐ Yes ☐ No

2. Have you ever had an injury to your eye involving metal? ☐ Yes ☐ No

Referring Physician: If the answer if 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? ☐ Yes ☐ No

4. Do you have any of the following?
* = ***an absolute contraindiction***

* Cardiac pacemaker/leads	☐ Yes ☐ No
*Cochlear implants	☐ Yes ☐ No
Aneurysm clips	☐ Yes ☐ No
Artificial cardiac valve/stent Make _____ Model _____	☐ Yes ☐ No
Neurostimulator / Implanted pump	☐ Yes ☐ No
Shrapnel / Bullets	☐ Yes ☐ No
Other implanted devices	☐ Yes ☐ No
Height _____ Weight _____	

5. Have you ever had surgery on your

Head	☐ Yes	☐ No	Chest	☐ Yes	☐ No
Neck	☐ Yes	☐ No	Abdomen	☐ Yes	☐ No
Spine	☐ Yes	☐ No	Arms/Legs	☐ Yes	☐ No

If YES to any part of section 4 or 5, please provide details (surgical reports)

Patient's Signature

INCOMPLETE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED

MRI Patient Instructions

Ajax−Pickering MRI Department
905−428−5331

- If you have ***ever*** worked with metal (i.e. grinding, welding or cutting as a hobby, profession or at school) and did not **ALWAYS** wear safety glasses 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 department if you feel this applies to you.
- If you work with metal on a daily basis, please contact the MRI department so that your appointment can be booked accordingly.
- If you require sedation (due to claustrophobia or other reasons) your physician must give you a presciption 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 department 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, ultrasounds, CT scans, nuclear medicine scans, or previous MRIs.

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 4 hours prior to your appointment.
- **Breast MRI**
  Nothing to eat or drink 3 hours prior to your appointment.
- **All other MRI examinations**
  No preparation necessary.