

## **Diagnostic Imaging MRI** Requisition

☐ Out Patient ☐ In Patient ☐ Emergency Department

☐ Yes ☐ No

□Yes □ No

☐ Timed

Other

☐ 3T ☐ 1.5T

**Appointment** 

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

**Exam Requested** 

☐ X-Ray

☐ Nuclear Medicine

Are you over age 60

Stroke/Myocardial Infarction

Peripheral Vascular Disease

Chemotherapy for malignancy

must provide the following:

**Radiologist Use Only** 

Referring Physician

Physician's Signature

Organ Transplantation

Hypertension

Diabetes

Creatinine

**Priority** 

Contrast

Name Address Telephone (

**Exam Protocol** 

**Working Diagnosis/Clinical Information** 

Previous Imaging Studies (please attach report) ☐ Ultrasound

Does the patient require sedation (to be provided by referring physician)

Renal disease (solitary kidney, renal transplant, tumor)  $\square$  Yes  $\square$  No

If you chose yes to any risk factors for contrast nephropathy you

□ P1 □ P2 □ P3A □ P3B □ P4

☐ Breast Cancer

Fax (

eGFR

☐ Cancer

Yes

☐ CT Scan

**Risks for Contrast Nephropathy** 

■ MRI

☐ Other .

**Test Date** 

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

D	ate	Time			Chart #	ŧ		
¬ 💳	Patient Information Chart #							
$\dashv$								
	atient Name.	Last Name			First	Name		
ם	ate of birth_	DD/MM/YY		Sex	☐ Male	☐ Fem	ale	
∄н	ealth Card_				_Version	Code		
41	Address							
-   C	City Postal Code							
]  c	ell ()	)	Busine	<sub>ss</sub> (	)			
	□ WSIB Claim #							
Pa	Patient Screening (must be completed by patient)							
	Please check either Yes or No							
]   1. ]	welding, grir profession, l	VER done any met nding, cutting) as e nobby or at school orn safety glasses	ither a and not	e.	[	□ Yes □	No	
2.		ver had an injury to		involv	•	?	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	e pregnant?				☐ Yes ☐	No	
4.	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					□ Yes □	No	
	Make Model							
	Neurostimulator / Implanted pump					□ Yes □	No	
	Shrapnel	/ Bullets				□ Yes □	No	
	Other implanted devices					□ Yes □	No	
HeightWeight								
H	Have you ev Head Neck Spine	ver had surgery on  ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	your Chest Abdom Arms/L			☐ Yes ☐☐ ☐ Yes ☐☐☐ ☐ Yes ☐☐	No No No	
_		art of section 4 or t			e details (			
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

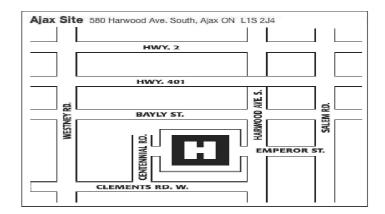
Nothing to eat or drink 4 hours prior to your appointment.

Rreast MRI

Nothing to eat or drink 3 hours prior to your appointment.

All other MRI examinations

No preparation necessary.





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