

INPT

OUTPT

REQUEST FOR MRI

Date: _____ Patient weight: _____

Patient Name: _____

Address: _____
 # Street Apt.

City / Town Prov. Postal Code

Health Card Number: _____ Version Code _____

Other Insurance: _____ WSIB Number: _____ DOB (yy/mm/dd) ____/____/____

Appointment Date: _____
 Appointment Time: _____
 Arrival Time: _____
 CPI# _____

Home: () _____ → Can call at this number → Can leave messages: on voicemail with person
 Work/Other: () _____ → Can call at this number → Can leave messages: on voicemail with person

Referring Physician: _____ Office Phone: _____

Address: _____ Signature: _____

Area to be scanned: _____

Diagnostic Question: _____

Clinical History: _____

FOR PAEDIATRIC USE ONLY

Is sedation/general anaesthesia required?
 Yes No

Previous related tests? Fax Report OSMH Outside Centre

Previous Surgery: _____ When? _____

Does the patient have any of the following:

- * Pacemaker (epicardial pacewires) Yes No
- * Cerebral aneurysm clips Yes No
- * Cochlear implants Yes No
- Prosthetic heart valve Yes No
- Neurostimulator device Yes No
- Insulin/chemotherapy pump Yes No
- Coronary bypass graft; vascular stent Yes No
- Metal rods, plates, screws, nails Yes No
- Ocular implant Yes No
- Penile implant Yes No
- Transdermal Patches Yes No
- Ever had metal fragments in eyes? Yes No
- Do they work with metal? (i.e. grinder or welder) Yes No
- Any other metallic, magnetic or electronic implants? Yes No
- If yes, explain: _____
- Is the patient pregnant? Yes No
- Does the patient have claustrophobia? Yes No
- Has the patient ever had a reaction to contrast used for CT or MR Yes No
- * Is an Absolute contraindication

Radiologist Use Only:

- Priority: P1 P2 P3 P4
- Head
 - Neck
 - Spine - level _____
 - Abdomen
 - Pelvis
 - Extremity - area _____
 - Chest/Cardiac
 - Breast
 - Runoff
 - Contrast
 - FBO X-Ray

Specify series required: _____

Note: If sedation is required for claustrophobia, please arrange this with your patient. OSMH MRI will not dispense sedation. If there is a possibility or history of metal being in your patient's eyes, please arrange for orbit x-rays to confirm. Forward report to OSMH MRI