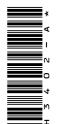


MRI - Diagnostic Imaging Department				
3001 Hospital Gate, Oakville, ON L6M 0L8				
Telephone: 905-338-4601				

MRI REQUISITION

Fax all MRI requests to 905-815-5103

	Incomplete / illegible requisitions will be returned resulting in delay to booking the appointment				
Phy	sician's Name:				
Add	ress:				
Pos	al Code:				
Pho	ne: Fax:				
Cop	es to:				
Dat	:				
1.	REGION OF INTEREST:				
2.	CLINICAL HISTORY; DIFFERENTIAL DIAGNOSIS; SPECIFIC QUESTIONS?				
In general, MRI is of no value in the management of osteoarthritis (OA). Referral to the Hip & Knee Rapid Access Clinic should be considered. www.mhcentralintake.com 3. RELEVANT PRIOR IMAGING STUDIES?					
	Halton Healthcare □ External □				
Requisition must include external reports or booking will be delayed. MSK studies (excluding the spine) require X-rays within 6 months.					
For follow-up of or for comparison to previous outside studies, the patient must bring the outside IMAGES to appointment or a delay in interpretation may result while we attempt to obtain the images.					
4.	FOR STUDIES WHICH MAY REQUIRE IV CONTRAST: (generally breast, abdomen, pelvis, prostate, non-brain MRA)				
a)	Previous reaction to MRI contrast / Gadolinium Yes □ No □ f yes: a contrast risk form will be forwarded for specifics				
b)	f known renal dysfunction, is eGFR < 30? Yes \square No \square				
c)	Dialysis patients: Hemodialysis \square Peritoneal Dialysis \square				
d)	Acute Kidney Injury? Yes □ No □				
Ph	sician Signature:				
	* Nephrogenic Systemic Fibrosis (NSF)				
Even in patients with acute kidney injury (AKI), chronic kidney disease with eGFR < 30 mL/min/1.73m2, or on dialysis, the newer macrocyclic type contrast agents (GBCA) used by our facility can be administered with exceedingly low risk when enhanced MRI is					



administered with exceedingly low risk when enhanced MRI is considered necessary and no alternative test is available. Given this risk profile, the CAR no longer recommends screening for renal dysfunction. For hemodialysis patients, post procedure dialysis is still recommended, and for peritoneal dialysis, alterations in PD prescription might be considered on a per patient basis.

Nan	ne:	N	1/F/X
Add	ress:		
Pho	ne (H) (Cell)		
Do	we have your consent to leave information pertaining to your Yes - Indicate phone #	appointm	ent?
D.O	.B Health Card #:		
Unit	#:		
ear Hos	TION – Appointment will be scheduled at one of the following liest available appointment Milton District Hospital or Oakville Traspital SIB / Third Party	falgar Memo	
	Patient Safety Screening Question		
	All questions must be answered or request will be i	returned Yes	No
1.			Π
2.	If metal not clearly removed – obtain orbital radiographs. Is the patient claustrophobic?		
	If "Yes", consider prescription for PRN medication (we do not provide). If Rx provided, patient must be accompanied.		
3.	Are there other potential difficulties? Describe		
4.	Pregnancy status: If "Yes" or unclear at the time of exam, the stumay be deferred.	dy 🗖	
6.	Do you have any of the following: Cardiac Pacemaker Artificial Cardiac Valve Retained Pacing Wires Brain Aneurysm Clips Neurostimulator Cochlear (ear) Implants Shrapnel / Bullets Metal rods, plates, screws, wires List any Implanted Devices: Type and date of ALL surgeries and any implanted devices from process		
7.	Patient's WEIGHT: lbs. (Maximum of 550 lbs.	.)	
8.	Is an interpreter required?		
9.	Does patient require: ☐ Wheelchair ☐ Walker ☐ Hoyer Lift ☐ * Please describe:	Special nee	
Pat	tient /Substitute Decision Maker (SDM) Signature:		
SDN	M Contact #		
MR	I APPOINTMENT DATE:		
Tin	ne:Site: □OAKVII	LLE MI	ILTON

Form # H3402-A Nov 2019C