Halton Healthcare
GEORGETOWN · MILTON · OAKVILLE

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

Physician's Name: _____

Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Copies to: _____

Date: _____

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 ☐
If yes: a contrast risk form will be forwarded for specifics

b) If known renal dysfunction, is eGFR < 30? Yes ☐ No ☐

c) Dialysis patients: Hemodialysis ☐ Peritoneal Dialysis ☐

d) Acute Kidney Injury? Yes ☐ No ☐

Physician 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 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.

Name: _____ M / F / X

Address: _____

_____

Phone (H)_____ (Cell)_____

Do we have your consent to leave information pertaining to your appointment?
❒ **Yes -** Indicate phone # _____

D.O.B. _____ Health Card #: _____

Unit # : _____

OPTION – Appointment will be scheduled at one of the following sites based on earliest available appointment Milton District Hospital or Oakville Trafalgar Memorial Hospital

WSIB / Third Party ❒ Yes ❒ No Claim #: _____

Patient Safety Screening Questions

All questions must be answered or request will be returned

		Yes	No
1.	History of orbital injury by metal requiring medical attention? If metal not clearly removed – obtain orbital radiographs.	❒	❒
2.	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 study may be deferred.	❒	❒
5.	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: _____		

6. Type and date of **ALL** surgeries and any implanted devices from procedures:
_

7. Patient's WEIGHT: _____ lbs. (Maximum of 550 lbs.)

8. Is an interpreter required? ❒ Yes
Sign Language Interpreter? ❒ Yes
NOTE: If the patient is unable to speak English, he/she must be accompanied by a translator or interpreter for the whole duration of the MRI appointment for safety reasons.

9. Does patient require: ❒ Wheelchair ❒ Walker ❒ Hoyer Lift ❒ Special needs*
* Please describe: _____

Patient /Substitute Decision Maker (SDM) Signature:

_____

SDM Contact # _____

MRI APPOINTMENT DATE: _____

Time: _____ **Site:** ☐ **OAKVILLE** ☐ **MILTON**