

Waterloo Wellington Hospitals - MRI Requisition

FOR DI OFFICE USE ONLY	
Exam Date:	_____
Arrival Time:	_____
Exam Time:	_____

FAX Completed Requisition to ONE location:

- Cambridge Memorial Hospital: 519-740-4969
- Grand River Hospital: 519-749-4296
- Guelph General Hospital: 519-837-6423

PATIENT INFORMATION

Last Name, First Name:		Health Card #:	VC:
DOB: DD/MM/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	WSIB? <input type="checkbox"/> Y <input type="checkbox"/> N	Injury Date: DD/MM/YYYY
Street Address:		Please include Claim #: _____	
City/Town:		Other Insurance? Third Party or Self Pay	
Province:	Postal Code:	Specify: _____	
Contact Number:		Required Patient Information:	
Home: _____	<input type="checkbox"/> Patient Consents to leave message	Height: _____ (cm)	Weight: _____ (kg)
Other: _____	<input type="checkbox"/> Patient Consents to leave message	<input type="checkbox"/> Restricted Mobility	<input type="checkbox"/> Outpatient
		<input type="checkbox"/> Pediatric Under 10yrs	<input type="checkbox"/> In-Patient Rm/Loc

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUESTS WILL BE RETURNED**

Ordering Physician Name (pls print):	Signature:	Date:	Urgency
Contact #:			<input type="checkbox"/> Urgent (within 72 hrs contact department)
Copy to (pls print):			<input type="checkbox"/> Semi-Urgent
			<input type="checkbox"/> Routine

Region/Organ of Interest:	Patient Safety Screening (physician to complete with patient)	
Clinical History/Indication (reason for exam):	Cardiac Pacemaker*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Implanted Cardioverter Defibrillator (ICD)*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Leads/Electrodes/Internal Wires*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Cochlear Implant*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Tissue Expanders	<input type="checkbox"/> Y <input type="checkbox"/> N
	Metallic Stent/Filter/Coil*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Cerebral Aneurysm Clip*	<input type="checkbox"/> Y <input type="checkbox"/> N
	Metallic Foreign Body to Eye(s)	<input type="checkbox"/> Y <input type="checkbox"/> N
	(If YES, orbital X-Ray report must accompany request)	
	Claustrophobic	<input type="checkbox"/> Y <input type="checkbox"/> N
	(If YES, physician must provide sedation and patient be accompanied)	
	Pregnant	<input type="checkbox"/> Y <input type="checkbox"/> N
Breastfeeding	<input type="checkbox"/> Y <input type="checkbox"/> N	
Previous Relevant Imaging and Surgery (please specify):	*Implants of any kind? Specify Type/Make/Model #/Date	
	Any surgery/tattoos in the last 6 weeks? Specify Type/Date	

DI OFFICE USE ONLY:		Renal Assessment **	
Protocol:	WTIS Priority	Kidney problems/disease.....	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 T: _____	Prior Kidney Surgery	<input type="checkbox"/> Y <input type="checkbox"/> N
Initial: Rad _____ Tech _____	WTIS Reason	Dialysis	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Staging/Diagnosis Ca <input type="checkbox"/> Breast Ca Screening <input type="checkbox"/> Other	Diabetes mellitus.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Requisition Received Date/Time:		Protein in Urine.....	<input type="checkbox"/> Y <input type="checkbox"/> N
DD / MM / YYYY	HH:MM	Gout.....	<input type="checkbox"/> Y <input type="checkbox"/> N
		High blood pressure.....	<input type="checkbox"/> Y <input type="checkbox"/> N
		Current treatment with NSAIDs, Diuretics, Chemotherapy or other Nephrotoxic Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N
		Greater than 70 yrs of age.....	<input type="checkbox"/> Y <input type="checkbox"/> N
		**If you answered yes to any of the above, an eGFR within the last 3 months must be provided	
		eGFR: _____	Date: _____

Please indicate location of MRI examination for Patient:

- Cambridge Memorial Hospital**
700 Coronation Blvd.
Cambridge ON N1R 3G2
Telephone: 519-740-4968
Fax: 519-740-4969
www.cmh.org
- MRI Service is located on the **2nd Floor** of the hospital's **A Wing**. All patients are to register in the MRI Department at their arrival time.
- Grand River Hospital**
835 King St. W
Kitchener ON N2G 1G3
Telephone: 519-749-4262
Fax: 519-749-4296
www.grhosp.on.ca
- MRI Service is located in the hospital's Department of Medical Imaging on the **2nd Floor** of the hospital's **D Wing**. All patients are to register in the Department of Medical Imaging at their arrival time.
- Guelph General Hospital**
115 Delhi St.
Guelph ON N1E 4J4
Telephone: 519-837-6413
Fax: 519-837-6423
www.gghorg.ca
- MRI Service is located in the hospital's Diagnostic Imaging Department on the **3rd Floor** of the hospital. All patients are to register in the Diagnostic Imaging Department at their arrival time.

How to prepare for your MRI Examination

- **For Abdomen/Pelvis MRI Examinations:** Do not eat or drink anything for 4 hours prior to your arrival time.
- **For all exams:** If possible, limit the amount of metallic objects on your person prior to arriving for your examination. You will be asked to remove any hairpins, eyeglasses, jewellery, dental work, hearing aids and any other metallic objects on your person. You will be asked to change into a hospital gown.
- Please be prepared to remove any medication patches prior to your exam
- If you are claustrophobic (uncomfortable in small places), please arrange for medication with your doctor. If you are prescribed medication to help you relax during the examination, please make sure you have someone to accompany you home.
- If you have worked with metal or have had metal in your eyes, please arrange with your doctor to have eye xrays prior to your MRI.
- If you have shrapnel or bullets embedded in tissue, please arrange with your doctor to have xrays of the affected area prior to your MRI

Important

- **Please bring your Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice