



DIAGNOSTIC IMAGING REQUISITION M.R.I.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL (905) 848-7554 24 HOURS IN ADVANCE TO CANCEL

Booking Office:
Telephone (905) 848-7554
Fax (905) 848-7295

Is this a WSIB Claim? Yes No

Claim#: _____

Technologist's Comments: _____		Diagnostic Imaging Protocol Use Only	
Patient Name: _____		PATIENT SCREENING	
Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		For all questions, please check either 'Yes' or 'No' YES NO	
Health Card # _____ Version Code _____		Note: If the answer to #1 or #2 is 'Yes', an X-Ray of the Orbits must be carried out and the report is attached	
Address: _____		1. Have you ever worked as a metal grinder/Welder?	
City: _____ Postal Code: _____		2. Has metal ever gone into your eye?	
Telephone Res: () Bus: ()		3. Could you be pregnant?	
Exam Requested: _____		4. Do you have any of the following?	
Areas of Interest: _____		Cardiac Pacemaker	
Clinical Information: _____		- Artificial Cardiac Valve ... Make & Model	
		- Aneurysm Clips ... Type/Where?	
		- Neurostimulator	
		- Cochlear Implants	
		- Lens Implants ... If 'Yes', when?	
		- Shrapnel / Bullet... If 'Yes', where?	
Accurate Weight (Max 300lb): _____		5. Have you ever had surgery on your	
Height: _____		- Head, Neck	
Is Patient on Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No		- Spine	
<input type="checkbox"/> Ambulatory		- Chest	
<input type="checkbox"/> Ambulatory with assistance		-Abdomen	
<input type="checkbox"/> Non-Ambulatory		-Arms/ Legs	
* Please attach relevant previous reports		If the answer to any of the above is 'Yes', please explain:	
Referring Physician: _____		6. Is the patient subject to claustrophobia? If 'Yes', medication is to be prescribed.	
Address: _____			
Phone: () OHIP Billing Number: _____			
Fax: () _____			
Physician Signature: _____		Patient Signature:	
Redirect to <input type="checkbox"/> CVH <input type="checkbox"/> HHS (Oakville) or <input type="checkbox"/> Any if waitlist is shorter		Tech Signature: _____	
		Tech Verified Side: Please initial	