hospital SOLDIERS' MEMORIAL ORILLIA

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☐ 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: _____

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

DOB (yy/mm/dd _____/_____/_____

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

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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