Waterloo Wellington Hospitals
MRI Requisition

OFFICE USE ONLY

Exam Date:_____

Arrival Time:_____

Exam Time:_____

Fax completed requisition to ONE Hospital:

❑ Cambridge Memorial Hospital: (CMH) **519-740-4969**
❑ Grand River Hospital: (GRH) **519-749-4296**
❑ Guelph General Hospital: (GGH) **519-766-9982**

Patient Information

Last Name, First Name:

Health Card #: VC:

DOB: DD/MM/YYYY ❑ Male ❑ Female

WSIB? ❑ Y ❑ 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:

Home: _____ ❑ Y ❑ N Patient consents to leave message

Other: _____ ❑ Y ❑ N Patient consents to leave message

Preferred Language: ❑ English ❑ Other: _____

❑ Y ❑ N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.

Required Patient Information:

Height: _____(cm) Weight: _____(kg)

❑ Restricted Mobility ❑ Outpatient

❑ Pediatric Under 10 yrs ❑ In-Patient Rm/Loc

_____

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED"

Ordering Physician Name (Please print):

Signature

Date

Contact #: _____ Fax#: _____

Urgency

❑ Urgent (within 72 hrs contact department)
❑ Semi-Urgent
❑ Routine

Region/Organ of Interest:

Clinical History/Indication (reason for exam):

Previous Relevant Imaging and Surgery (please specify):

Patient Safety Screening (physician to complete with patient)

❑ Y ❑ N Cardiac Pacemaker*
❑ Y ❑ N Implanted Cardioverter Defibrillator(ICD)*
❑ Y ❑ N Leads/Electrodes/Internal Wires*
❑ Y ❑ N Cochlear Implant*
❑ Y ❑ N Tissue Expanders
❑ Y ❑ N Metallic Stent/Filter/Coil*
❑ Y ❑ N Cerebral Aneurysm Clip*
❑ Y ❑ N Metallic Foreign Body to Eye(s)
(If YES, orbital X-Ray report must accompany request)
❑ Y ❑ N Claustrophobic
(If YES, physician must provide sedation and patient be accompanied)
❑ Y ❑ N Pregnant
❑ Y ❑ N Breastfeeding

***Implants of any kind? Specify Type/Make/Model #/Date**

Any surgery/tattoos in the last 6 weeks? Specify Type/Date

Renal Assessment **

❑ Y ❑ N Kidney problems/disease
❑ Y ❑ N Prior Kidney Surgery
❑ Y ❑ N Dialysis
❑ Y ❑ N Diabetes mellitus
❑ Y ❑ N Protein in Urine
❑ Y ❑ N Gout
❑ Y ❑ N High blood pressure
❑ Y ❑ N Cardiovascular Disease/Stroke/TIA
❑ Y ❑ N Past/Current treatment with NSAIDs, Diuretics, Chemotherapy or other Nephrotoxic Drugs
❑ Y ❑ N Greater than 60 yrs of age

****If you answered yes to any of the above, a creatinine and eGFR within the last 3 months must be provided**

Creatinine: _____ Date: _____

eGFR: _____ Date: _____

DI OFFICE USE ONLY

Protocol:

Initial: Rad Tech

Requisition Received Date/Time

DD / MM / YYYY HR / MM

WTIS Priority

❑ 1
❑ 2
❑ 3
❑ 4

T:_____

WTIS Reason

❑ Staging/Diagnosis Ca
❑ Other

Please indicate location of Imaging 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 **1st Floor** of the hospital's **C Wing**. All patients are asked 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 asked to register in the Department of Medical Imaging at their arrival time. • After hour MRI patients, please enter through the Emergency Department entrance.
☐ **Guelph General Hospital** 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 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

Important

- 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 prepare 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
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.