



MAGNETIC RESONANCE IMAGING (MRI) CONSULTATION REQUEST

Empty rectangular box for patient information.

Is the patient hearing impaired? [] Yes [] No

Guidelines:

- 1. Physician to complete requisition. Incomplete requisitions will be returned resulting in delay of study.
2. Requisition is to be faxed to the MRI Booking Clerk at 807-684-5853.
3. All Regional referrals are to be faxed to the Regional Booking Office at 807-684-5907.
4. Completed requisitions will be filed in the Booking Office.

Patient Name, Address, Date of Birth, Home Phone Number, Work Phone Number, Sex, Health Insurance Card Number, Version Code, Workplace Safety and Insurance Board (WSIB) Claim Number

Areas to be scanned: Brain, Abdomen, Spine, Thorax, Pelvis, Other, Breast. Clinical Information, Rule Out (R/O)

Does the patient have any of the following: Pacemaker, Surgical Aneurysm Clips, Cochlear, Prosthetic Heart Valve Replacement, Neuro Stimulator Device, Metal Fragments In Eye, Implanted Insulin/Chemotherapy Pump, May Be Pregnant, Claustrophobia, Previous Spine Surgery

PRIORITY ASSESSMENT: 1 - Immediate - Emergent, 2 - Within 48 Hours - Inpatient/Urgent, 3 - Within 10 Days - Semi-urgent, 4 - Within 4 Weeks - Non-urgent

Clinical Indication for Scan: Breast Cancer Screening, Cancer Staging and/or Diagnosis, Other

RELEVANT PREVIOUS STUDIES: MRI, CT, Angiography, X-Ray, Nuclear Medicine, Ultrasound

RADIOLOGIST NOTES: Protocol, ? Intravenous Contrast, Urgency: 1 2 3 4

Scheduler Use Only: Appointment Date

Physician's Name (please print):

Physician's Signature: Date: