NORTHUMBERLAND HILLS HOSPITAL

# MRI REQUISITION

Ph:905-377-7780 Fax 905-373-6922

*N606*

Place Patient Identification Label Here

***Please fax all requisitions to NHH MRI Bookings at (905) 373-6922***

**Referring Physician:** BILLING #:

ADDRESS: CPSO #:

PHONE: FAX:

COPIES TO:

**Body Part to Scan:**

**Clinical Information / Working Diagnosis / Diff. Diagnosis:**

**Clinical Indicator:** **BC** Breast Cancer **OT** Other
(Please circle) **SD** Cancer Staging and/or Diagnosis

**Clinical Priority:** **2** **3** **4** **ST = Specified Date**

******INCOMPLETE, UNSIGNED OR ILLEGIBLE REQUISITIONS WILL BE RETURNED****** **All EMERGENT** requests must be made by the referring physician speaking directly to the MRI Radiologist or "on-call" radiologist.

**Previous Relevant Tests/Surgeries and Results (Where/When):**

CT:

X-RAY:

MRI:

U/S:

Nuclear Medicine:

Other: (Specify):
(Attach relevant orbital x-ray report)

WSIB#:

Name of Employer:

S.I.N.:

Date of Accident:

**Physician's Signature:**

**Date:**

*****FOR NHH DIAGNOSTIC IMAGING USE ONLY*****

**Radiologist Protocol:** **Priority** **1** **2** **3** **4** **ST**

**HEAD IAC MRA MS TRAUMA**
**PITUITARY ORBITS**
**ANKLE KNEE SHOULDER**
**HIP ELBOW WRIST ARTHRO**
**SPINE C T L**
**SCREEN (C+T+L)**
**LIVER PELVIS KIDNEY**
**MRCP BREAST**

☐ **Previous Reports** **Contrast:** **IV** **IA** **Monitor**

**Date/Time:** _____ **Radiologist Initials:** _____

***Appointment Date:***_____

***Patient Notified:***_____

***Daytime/Alternate PH#:*** _____

***Permission to leave message: Y or N***

*Form# 606 (10/19)*

Last Name: _____

First Name: _____

Address: _____

City: _____ P. Code _____

Phone: (____) _____-_____ D.O.B: _____

Health Card #:

☐☐☐☐ ☐☐☐ ☐☐☐ ☐☐ (version)

☐ Speak to Patient only

☐ Contact POA or other _____

Contact's Name: _____Tele#:_____

☐ *Please check box if patient is available on short notice.*

## Patient Screening **(MUST BE COMPLETED WITH PATIENT)**

| Does the patient have the following: | YES | NO |
|---|---|---|
| **Cardiac Pacemaker, Implanted Defibrillator, Ferromagnetic Brain Aneurysm Clip(s),Cardiac Leads - *Absolute Contraindications for MRI* -** | | |
| Surgical Implants (Metal Rods,Plates,Screws Pins | | |
| Implanted Insulin Pump or Neurostimulator | | |
| Glucometer Device i.e.: Freestyle Libre | | |
| Vascular Access Port, Catheter, Coil, Filter, Graft, Stent | | |
| Cochlear Implants | | |
| Penile Implant | | |
| Other Implant device _____ | | |
| Prosthetic Heart Valve | | |
| Pregnant/Breastfeeding | | |
| Embedded Metal Fragments (Shrapnel/Bullet/Pellets Etc) | | |
| Tattoos or Tattooed Eyeliner | | |
| Is Patient Claustrophobic? | | |
| Does The Patient Require an Oral Sedative? If **YES**, Prescribed by Referring Physician | | |
| Has The Patient Been a Grinder / Welder or Been Exposed to Metallic Foreign Bodies in Eyes and Requires Orbit / Eye X-Rays | | |
| If **YES**, have Orbital X-Rays Been ***Completed*** and is the report attached? | | |
| Kidney Disease / Hemodialysis? | | |

**Serum Creatinine:** _____ **Date:** _____/ _____ /____

**Patient Weight:** _____ **Lbs / Kgs**

**Patient's Signature:**

***PLEASE NOTE:***

**Northumberland Hills Hospital is fragrance free. Perfume, after shaves or colognes, strongly scented soaps or deodorants are not permitted due to potential allergic reactions by both patients and staff.**

# MRI BOOKING POLICIES

1. Verbal requests **ARE NOT** accepted for any MRI scans.

2. Only Physicians can request MR scans.

3. MR scans will be booked upon receipt of a completed and signed **"MRI REQUISITION"** and approval by the MRI Medical Director or his designate. All required information must be included, and any request that is missing critical information may be returned to the referring physician for completion. This may result in delay or cancellation of the MRI study.

4. Patients for MRI scans must be screened and determined to be "MRI Safe" by completing the **Patient Screening Information** Section on the "MRI REQUISITION" Form.

5. The weight limit for the MRI system is **350 lbs/138kg**. If you have any concerns regarding your ability to fit within the bore, please contact us at (905) 377-7780. **Note**: The MRI scanner bore diameter is **21.6 in/55cm.**

6. Patients must be capable of remaining still for extended periods of time. MRI examination times vary and can last up to 90 minutes for some MRI procedures.

7. If the patient requires sedation, due to claustrophobia, **the patient must be given the prescription by their physician (A sublingual sedative with rapid onset and lasting duration is preferable). The prescription must be filled prior to their appointment date.** The MRI Centre does not dispense sedative pharmaceuticals. The patient will be required to arrive one hour prior to their appointment time, so that screening forms may be signed prior to administration of the sedation. **THESE PATIENTS SHOULD NOT TAKE THE SEDATIVE PRIOR TO ARRIVAL AT THE MRI CENTRE.** The patient is required to arrange transportation home for safety reasons, patient not to drive themselves.

8. All patients referred from external facilities (ie: hospitals, nursing homes, institutions), must be accompanied by an appropriate escort, such as a registered nurse or attendant. The MRI Centre does not provide nursing care. Patients must arrive one hour prior to their appointment time with all pertinent charts, images, reports, etc. Please bring all necessary medications for administration by the referring facilities' escort. Provision of meals is the responsibility of the referring institution.

9. If a booked MRI examination is canceled, the MRI Centre should be notified immediately. Call (905) 377-7780.

10. If the MRI Request is emergent (Priority 1), please call the MRI Radiologist in person for consultation. Call (905) 377-7780. The "MRI REQUISITION" must be completed before an appointment time will be booked.

ANY QUESTIONS REGARDING THE MRI BOOKING POLICIES CAN BE DIRECTED TO THE MRI CENTRE AT 905-377-7780 OR FAX 905-373-6922

Please call film library at (905) 372-6811 ext 3863 for copies of transcribed reports and/or CDs.

## PRIORITY CODES

| CODE | DESCRIPTION | TARGET | DETAILS |
|---|---|---|---|
| 1 | EMERGENT | Immediate | Immediate threat to life or permanent loss of function. |
| 2 | IN-PATIENT AND/OR URGENT | 2 Days | Risk of deterioration which may be irreversible. |
| 3 | SEMI-URGENT | 2–10 Days | Cancer staging and re-staging. Documented ongoing disability or undiagnosed state that leads to suffering to such a degree that any delays in MR assessment is unreasonable. |
| 4 | NON-URGENT | 4 weeks | Chronic and stable pathology, routine and cancer follow-up, screening and elective studies. |
| ST | SPECIFIED DATE | N/A | Specific date for MR to be scheduled. Follow-up studies. |

Form: #606 (10/19)