



MRI REQUISITION

Referring Physician: _____ BILLING #: _____
 ADDRESS: _____ CPSO #: _____
 PHONE: _____ FAX: _____
 E-MAIL: _____
 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:

Ref. 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 (01/12;02/17)

Place Patient Identification Label Here

MR IMAGING CENTRE
NORTHUMBERLAND HILLS HOSPITAL
 Phone (905) 377-7780
 Fax (905) 373-6922
 E-mail di@nhh.ca
 1000 DePalma Dr, Cobourg, ON K9A 5W6

Patient Name _____ Age: _____ M F
 DOB (DD/MM/YY) _____
 ADDRESS _____
 CITY _____
 PROV _____ POSTAL CODE _____
 PHONE _____ E-MAIL _____
 HC# _____
 OP INPT WARD _____
 Transport: AMBULATORY W/C STRETCHER

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		
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?		
Patient Available on Short Notice?		

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 MR 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 MR 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 MR study.
4. Patients for MR scans must be screened and determined to be “MR Safe” by completing the **Patient Screening Information** Section on the “MRI REQUISITION” Form.
5. The weight limit for the MR 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 MR scanner bore diameter is **21.6 in/55cm**.
6. Patients must be capable of remaining still for extended periods of time. MR examination times vary and can last up to 90 minutes for some MR 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 MR 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 MR 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 MR 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 MR examination is canceled, the MR Centre should be notified immediately. Call (905) 377-7780.
10. If the MRI Request is emergent (Priority 1), please call the MR 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 MR BOOKING POLICIES CAN BE DIRECTED TO THE
MR 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		Specific date for MR to be scheduled. Follow-up studies.