

Request for MRI

BIRCHMOUNT
 3030 Birchmount Road
 Scarborough, ON M1W 3W3
 Phone 416-495-2480
 Fax 416-495-2619

CENTENARY
 2867 Ellesmere Road
 Scarborough, ON M1E 4B9
 Phone 416-284-3114
 Fax 416-281-7291

GENERAL
 3050 Lawrence Avenue East
 Scarborough, ON M1P 2V5
 Phone 416-438-2911 x6170
 Fax 416-431-8157

Outpatient Inpatient ED loc. _____

PATIENT INFORMATION

Name _____ Date of birth _____ Sex F M Other
Last name, First name Day-Month-Year

Health card _____ Version code _____ Hospital ID _____

Address _____

City _____ Postal code _____ Phone 1 _____ Phone 2 _____
Preferred Alternate

SCREENING

NEPHROPATHY

Hemodialysis Y N
If yes and receiving gadolinium, dialysis must be arranged same day

Peritoneal dialysis Y N
If yes and receiving gadolinium, prescription may need alteration

PRECAUTIONS - completed with patient

Patient weight kg

Worked with metal ever (e.g. grinding, welding) Y N

Previous eye injury involving metal Y N
If yes, orbits x-ray report must be attached

Claustrophobia requiring sedation Y N
If yes, referring physician to provide sedation

Chance of pregnancy Y N

Requires mobility assistance Y N

Does patient have:

Pacemaker, defibrillator, implanted cardiac leads Y N

Cochlear (ear) implant Y N

Aneurysm clips, coils, or stents Y N

Artificial heart valve Y N

Infusion pump or neurostimulator Y N

Any other surgical implantable device/prosthesis Y N

Shrapnel/bullets Y N
Manufacturer and model number of implantable devices required

Any previous surgery to ears, eyes, brain, or heart Y N

Any medical procedure or surgery in last 6 weeks Y N

Provide details of precautions (and attach relevant operative notes):

Patient Signature **X** _____

REGION TO BE EXAMINED

CLINICAL INDICATION/RELEVANT HISTORY

Relevant previous imaging reports must be attached

INTERNAL USE

Priority 1 2 3 4 | Timed

CCO Breast screen Cancer Other | Rad review

Rad _____

BILLING

OHIP WSIB claim # _____ Other _____

REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

Signature **X** _____ Date _____



MRI Patient Instructions

Birchmount & General Hospitals: Register at Patient Registration, then proceed to the MRI department
Centenary Hospital: Register at a Kiosk or in the MRI Department

Please Note

- If you have ever sustained an eye injury with a metallic foreign body, call the MRI department immediately. You may need orbital x-rays done before your MRI exam to ensure there is no metal remaining in your eyes.
- If you require same day orbital x-rays you will be asked to come 1 hour prior to your scheduled MRI appointment. This allows time for the x-ray to be reported.
- If you require sedation (due to claustrophobia or other reasons) your physician must give you a prescription that you fill prior to your appointment date.
- You should not take the sedative prior to meeting with the Technologist in the MRI Department .registering with the MRI Department. You must come with a support person who can take you home at the end of the procedure. **If you do not come with a support person your MRI may be re-booked.**
- You will be asked to change out of all your street clothes and will be provided with hospital pants and gown.
- All body piercings should be removed prior to arrival and left at home for your safety.
- If you wish to cancel a booked MRI, please call the MRI department immediately so we can utilize the time slot for another patient.

Preparation

Abdominal MRI (i.e. liver, pancreas, kidneys, adrenal glands)

- Nothing to eat or drink 4 hours prior to examination, medication may be taken with a sip of water

MR Enterography

- Contact MRI department if you have not received instructions from your physician
- The entire procedure will take up to 3 hours to complete

Pelvic MRI

- Nothing to eat or drink 4 hours prior to your appointment, medication may be taken with a sip of water

Breast MRI

- Nothing to eat or drink 2 hours prior to your appointment, medication may be taken with a sip of water

Cardiac MRI ** Centenary Hospital Only

- Nothing to eat or drink 2 hours prior to your appointment, medication may be taken with a sip of water

Paediatric Patients Requiring Sedation

- Nothing to eat or drink 2 hours prior to your appointment

Arthrogram

- No preparation necessary
- The entire procedure will take up to 3 hours to complete

All Other MRI Examinations

- No preparation necessary

You are responsible to follow-up with your referring Physician for the results of your examination.

