

Diagnostic Imaging M.R.I. Requisition

Ontario MRI

Trillium Health Centre 100 Queensway West Mississauga, Ontario L5B 1B8

Booking Office: Telephone (905) 275-4664 or 1-888-826	6-783	Fax (905) 275-4774 or 1-8	866-233-4477		
Third Party Payer:					
Address:					
Telephone: ()	Fax:	()			
	1	Diagnostic Imaging Protoc	rol Use Only		
Appointment Date//		Diagnostic Imaging 1 totoc	of esc Omy		
Time: Hospital Unit #:					
Claim #: WSIB #:					
IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL TH	IE BO	OKING OFFICE (noted above) 24 H	IOURS IN ADVA	NCE	
Patient Name:		PATIENT SCREENING			
Surname First Name					_
Date of Birth: (D/M/Y) Male Female	-	ll questions, please check either 'Yes' or 'No'		+	
Accurate Weight (Max 300 Lb): Ht:	1.	Have you ever worked as a metal grinder/v		[
Health Card No: V. C.:	3.	Has metal ever gone into your eye? Could you be pregnant?	[]		
City: Postal Code:	4.	Is the patient subject to claustrophobia?	[]		
Telephone: Res: () Bus: ()	+-	If 'Yes', medication is to be prescribed by t	the patient's physician	[
Area to be Scanned:	5.	Do you have any of the following?	ine patient's physician.	T	
Thea to be ocalined.	+	- Cardiac Pacemaker	[]	[1
		- Artificial Cardiac ValveMake & Model			
Clinical Information:		- Aneurysm ClipsType/where?	[]	1	1
		- Neurostimulator	[]	1	1
		- Cochlear Implants	[]	[]
	6	- Lens ImplantsIf 'Yes', when?	[]]]
		- Shrapnel / BulletIf 'Yes', where?	[]	[]
Specific Reason For Test:		- Porta-CathPump?	[]]]
		- Dentures / Braces	[]]]
		- Any other implanted device, specify	[]]]
Previous Imaging Studies (Please attach report):	6.	Have you ever had surgery on your			
X-Ray Ultrasound MRI Nuclear Medicine CT Scan Other		- Head	[]	<u> </u>]
Transfer Treesterine Control Court	+	- Neck - Spine	[]	<u> </u>]
Referring Physician: Address:	-	- Spine - Chest		<u> </u>	
	 	- Abdomen		<u> </u>	<u></u>
Phone: () Fax: ()		- Arms / Legs	[]	L	
Physician	If the	e answer to any of the above is 'Yes', please e	xplain:	<u> L</u>	
Signature:		71	1		
Please send copies to:					
Name:		Patient			
Address:	Si	gnature:		1	
		chnologist	-	wrotel and the	
Phone: () Fax: ()	Si	gnature:			