MUSKOKA ALGONQUIN HEALTHCARE

Huntsville District Memorial Hospital
100 Frank Miller Dr, Huntsville, ON P1H 1H7
PHONE 705-789-2311 x2242
FAX 705-788-1485

MRI REQUISITION

PATIENT INFORMATION

Name _____ (*Last name, First name*) Date of birth _____ (*DD-MMM-YYYY*) Sex ☐ F ☐ M ☐ Other

Health card _____ Version code _____ Hospital MRN _____

Address _____

City _____ Postal code _____ Phone 1 _____ (*Preferred*) Phone 2 _____ (*Alternate*)

SCREENING

PRECAUTIONS

Patient weight (Max 250 kg)..... _____ ☐ kg / ☐ lbs

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

Claustrophobia requiring sedation ..... ☐ Y ☐ N

If yes, referring physician to provide sedation

Chance of pregnancy ..... ☐ Y ☐ N

MR SAFETY – *completed with patient*

Previous eye injury involving metal ..... ☐ Y ☐ N

If yes, orbits x-ray report must be attached

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 MR safety (and attach relevant operative notes):

☐ MR Safety questions have been reviewed with patient
MANDATORY

REGION TO BE EXAMINED

REQUESTED PRIORITY

☐ Routine ☐ Urgent | ☐ Specific date/timeframe _____ (*DD-MMM-YYYY*)

CLINICAL INDICATION/RELEVANT HISTORY

Relevant previous imaging reports must be attached

BILLING

☐ OHIP ☐ WSIB claim # _____ ☐ Other _____

REFERRING PHYSICIAN

Name, address, fax, phone, billing number:

Send copies to:

Signature X _____ Date _____ (*DD-MMM-YYYY*)

Incomplete or unsigned requests will be returned and may result in delay