

# Waterloo Wellington Hospitals

## MRI Requisition

**Fax completed requisition to ONE Hospital:**

- ☐ Cambridge Memorial Hospital: (CMH) **519-740-4969**  
☐ Guelph General Hospital: (GGH) **519-837-6423**  
☐ Waterloo Regional Health Network  
    @ Midtown: (WRHN-M) **519-749-4296**  
    @ Queen's Boulevard: (WRHN-QB)

### OFFICE USE ONLY

Exam Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Exam Time: \_\_\_\_\_

### Patient Information

Other Reqs Associated to Patient? ☐ Y ☐ N

Last Name, First Name: \_\_\_\_\_

DOB: DD/MM/YYYY ☐ Male ☐ Female ☐ Unknown

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_ ☐ Y ☐ N Patient consents to leave message

Other: \_\_\_\_\_ ☐ Y ☐ N Patient consents to leave message

Preferred Language: ☐ English ☐ Other: \_\_\_\_\_

☐ Y ☐ N An interpreter is required to consent to the procedure. CMH, GGH, WRHN have interpretation services available.

Health Card #: \_\_\_\_\_

VC: \_\_\_\_\_

WSIB? ☐ Y ☐ N

Injury Date: DD/MM/YYYY

Please include Claim #: \_\_\_\_\_

Other Insurance? Third Party or Self Pay

Specify: \_\_\_\_\_

### Required Patient Information:

Height: \_\_\_\_\_ (cm)

Weight: \_\_\_\_\_ (kg)

☐ Restricted Mobility

☐ Outpatient

☐ Pediatric Under 10 yrs

☐ In-Patient Rm/Loc

### EXAM INFORMATION: PHYSICIAN TO COMPLETE \*\*INCOMPLETE REQUISITIONS WILL BE RETURNED\*\*

**Urgency:** ☐ Urgent ☐ Semi-Urgent ☐ Routine

**Region/Organ of Interest:**

**Clinical History/Indication (reason for exam):**

**Previous Relevant Imaging and Surgery (please specify):**

### Patient Safety Screening (physician to complete with patient)

☐ Y ☐ N Cardiac Pacemaker\*

☐ Y ☐ N Implanted Cardioverter Defibrillator(ICD)\*

☐ Y ☐ N Leads/Electrodes/Internal Wires\*

☐ Y ☐ N Cochlear Implant\*

☐ Y ☐ N Tissue Expanders

☐ Y ☐ N Metallic Stent/Filter/Coil\*

☐ Y ☐ N Cerebral Aneurysm Clip\*

☐ Y ☐ N Metallic Foreign Body to Eye(s)

(If YES, orbital X-Ray report must accompany request)

☐ Y ☐ N Claustrophobic

(If YES, physician must provide sedation and patient be accompanied)

☐ Y ☐ N Pregnant

☐ Y ☐ N Breastfeeding

\*Implants of any kind? Specify Type/Make/Model #/Date

Any surgery/tattoos in the last 6 weeks? Specify Type/Date

**Renal Assessment** (If YES to any of the questions below, eGFR is required)

☐ Y ☐ N Dialysis

☐ Y ☐ N Acute Kidney Injury/Chronic Kidney disease

☐ Y ☐ N Inpatient

Allergy to Gadolinium ☐ Y ☐ N

eGFR: \_\_\_\_\_

Date: \_\_\_\_\_

### DI OFFICE USE ONLY

**Protocol:** ☐ IV

**WTIS Priority**

☐ 1

☐ 2

☐ 3

☐ 4

T: \_\_\_\_\_

Initial: Rad

Tech

**WTIS Reason**

☐ Staging/Diagnosis Ca

☐ Breast Ca Screening

☐ Other

**Requisition Received Date/Time**

DD / MM / YYYY

HR / MM

Ordering Physician Name (Please print): \_\_\_\_\_

Contact #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Ordering Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

## Please indicate location of Imaging examination for Patient:

**Cambridge Memorial Hospital** Telephone: 519-740-4968  
700 Coronation Blvd. Fax: 519-740-4969  
Cambridge ON N1R 3G2 www.cmh.org

- MRI Service is located on the **1<sup>st</sup> Floor** of the hospital's **C Wing**. All patients are asked to register in the MRI Department at their arrival time.

**Guelph General Hospital** Telephone: 519-837-6413  
115 Delhi St. Fax: 519-837-6423  
Guelph ON N1E 4J4 www.gghorg.ca

- MRI Service is located in the hospital's Diagnostic Imaging Department on the **3rd Floor** of the hospital. All patients are to register in the Diagnostic Imaging department at their arrival time.

**Waterloo Regional Health Network** Telephone: 519-749-4262  
**@ Midtown** Fax: 519-749-4296  
835 King St. W www.wrhn.ca  
Kitchener ON N2G 1G3

- MRI Service for Midtown is located in the hospital's Department of Medical Imaging on the **2<sup>nd</sup> Floor** of the hospital's **D Wing**. All patients are asked to register in the Department of Medical Imaging at their arrival time.
- After hour MRI patients, please enter through the Emergency Department entrance.

**@ Queen's Boulevard**  
911 Queen's Blvd  
Kitchener ON N2M 1B2

- MRI Service for Queen's Boulevard is located on the **1st Floor**. All patients are asked to register in Diagnostic Imaging upon arrival.
- After hour MRI patients, please enter through the Emergency Department entrance.

## How to prepare for your MRI Examination

### Important

- For Abdomen/Pelvis MRI Examinations: Do not eat or drink anything for 4 hours prior to your arrival time.
- For all exams: If possible, limit the amount of metallic objects on your person prior to arriving for your examination. You will be asked to remove any hairpins, eyeglasses, jewellery, dental work, hearing aids and any other metallic objects on your person. You will be asked to change into a hospital gown.
- Please be prepared to remove any medication patches prior to your exam
- If you are claustrophobic (uncomfortable in small places), please arrange for medication with your doctor. If you are prescribed medication to help you relax during the examination, please make sure you have someone to accompany you home.
- If you have worked with metal or have had metal in your eyes, please arrange with your doctor to have eye xrays prior to your MRI.
- If you have shrapnel or bullets embedded in tissue, please arrange with your doctor to have xrays of the affected area prior to your MRI

### Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.