MRI RADIOLOGY

MAGNETIC RESONANCE IMAGING REQUISITION

SPH: Tube to station 08

Outpatient: Fax to 604-806-8437

MR MISS MRS MS	Surname		First name
Permanent address			
Postal code	Cell phone	Home phone	Work phone
DOB		Age	Sex
Care Card Number (PHN)		☐ MSP ☐ ICBC	☐ WSBC ☐ Other

APPOINTMENT DATE: ______________________ **ARRIVAL TIME:** ____________

Infection precautions: ☐ None
- ☐ Contact
- ☐ Droplet
- ☐ Airborne
- ☐ Airborne & Contact
- ☐ Droplet & Contact

Exam requested:

Is the patient pregnant:
☐ Yes ☐ No

Tentative diagnosis:

Allergy/Intolerance Status:
Refer to completed Caution Sheet
☐ **Asthma** ☐ **Hay Fever**

Reason for exam: (include any Medications)

Relevant previous exams:
- ☐ **X-Ray** Date: ____________ Location: ____________
- ☐ **Ultrasound** Date: ____________ Location: ____________
- ☐ **CT Scan** Date: ____________ Location: ____________
- ☐ **MRI Scan** Date: ____________ Location: ____________

Relevant history:

Renal function:
☐ Normal ☐ Abnormal
Date of collection: ____________
eGFR (preferred): ____________
∗OR∗
Creatinine: ____________

Is the patient claustrophobic:
☐ Yes ☐ No

Sedation required: ☐ Yes ☐ No
(referring physician to prescribe required sedation)

Patient weight: ____________

ESSENTIAL PRE-EXAM INFORMATION:
(for patient safety, explain if "YES" answer)

Item	No	YES	
Cerebral Aneurysm Clip	☐ No	☐ **YES**	Type: ____________
Cardiac Pacemaker	☐ No	☐ **YES**	____________
Artificial Heart Valve	☐ No	☐ **YES**	Type: ____________
Neuro Stimulator	☐ No	☐ **YES**	____________
Middle Ear Prosthesis	☐ No	☐ **YES**	____________
Orbital Foreign Body	☐ No	☐ **YES**	____________
Metal Worker (at any time)	☐ No	☐ **YES**	____________
Shrapnel, Bullet	☐ No	☐ **YES**	____________
Orthopedic Device	☐ No	☐ **YES**	____________
Harrington Rod	☐ No	☐ **YES**	____________
Vascular Filter/Stent	☐ No	☐ **YES**	____________
Venous Access Device	☐ No	☐ **YES**	____________
Other	☐ No	☐ **YES**	____________

Authorizing Physician: Date of request: ____________ Additional copies of report to:

____________ Printed name ____________ Signature ____________

____________ College ID ____________ Pager # ____________