nova scotia health authority

IWK Health Centre

MRI CONSULTATION REQUEST

Requisition received: _____

Appointment: _____

MRI Site: _____

Patient Information

HC#_____ Province of coverage _____

HC expiry date (YYYY-MM-DD) _____ **DOB** (YYYY-MM-DD) _____

❑ NS-WCB#_____❑ Private Insurance Carrier_____

❑ Can Military#_____Group#_____ Member#_____ Exp___

Patient Name _____

Surname First Middle

Mailing Address _____

Telephone# _____/_____/_____

Home Cell Work

Patient Weight _____ kg or lb Gender _____

❑ *Ambulatory* ❑ *Wheelchair* ❑ *Stretcher* ❑ *Isolation*

MRI Examination Requested

History and Provisional Diagnosis

Requesting Physician Information

PRINT NAME _____

Telephone # _____

Fax # _____

Pager # _____

Physician's SIGNATURE _____

Date of request (YYYY-MM-DD) _____

Copy of report to _____

Safety Information *(MUST be filled out completely)*

Penetrating injury to eye involving metal, NOT yet
cleared by an eye doctor or x-ray ❑ Y ❑ N

If not cleared, please order **orbit x-rays prior to MRI.*

Does patient work as grinder or welder ❑ Y ❑ N

Orbit x-rays **may be required prior to MRI.*

Attach details for implanted devices (Make, Model)

Pacemaker, internal defibrillator, leads ❑ Y ❑ N
Cerebral aneurysm clips ❑ Y ❑ N
Inner ear implants / cochlear implant ❑ Y ❑ N
Eye surgery (detached retina, etc.) ❑ Y ❑ N
Neuro, bio or spinal stimulator ❑ Y ❑ N
Medication pump for insulin, chemo or pain ❑ Y ❑ N
Orthopedic hardware / joint replacement ❑ Y ❑ N
Any other implants (coils, filter, stent, mesh, pins, IUD, penile, pessary, etc.) _____
Shrapnel, bullet, bb, metal shaving in body ❑ Y ❑ N
Previous relevant surgeries _____

Is the patient claustrophobic? ❑ Y ❑ N

**Oral sedation, if needed, must be prescribed by referring physician.*

Require general anesthetic ❑ Y ❑ N
Is the patient pregnant? ❑ Y ❑ N

**If yes, number of weeks _____*

Required information for CONTRAST MEDIA use

Renal disease ❑ Y ❑ N
Currently on dialysis ❑ Y ❑ N
Diabetic ❑ Y ❑ N
CREATININE _____

Date (YYYY-MM-DD) _____

INCOMPLETE FORMS WILL BE RETURNED, AND RESULT IN DELAYS FOR THE PATIENT

Additional Information is required before booking:

❑ *The safety information is not complete.*
❑ *Not legible*
❑ *Inadequate history*
❑ *No doctor signature*
❑ *Orbits not cleared yet*
❑ *Additional screening required for 3T MR*

Requisition Forms

Radiologist Instructions Rad: _____

Priority P1 P2 P3 P4
Magnet 1.5T 3.0T
Protocol _____
Notes:

Technologist Instructions Tech: _____

Exam codes: _____
Time required for exam: _____
Notes: