NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

CT/MRI and Interventional Radiology Requisition Diagnostic Imaging Department

Markham Site Booking Line: (905) 472-7020
Fax: (905) 472-7078

Uxbridge Site Booking Line: (905) 852-9771 x5249
Fax: (905) 852-2465

☐ **Urgent** ☐ **Routine**

Hospital MRN #: _____

Patient Name (Last, First): _____

Date of Birth (DD/MM/YYYY): _____ Sex: F M

Health Card #: _____ Version Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Email: _____

Date:	Referring MD	Signature	MD Phone #

Additional Reports to:	Contact information for translator if required (Name & Number)

Exam Requested *Please check one only*

☐ **CT** ☐ **MRI** ☐ **INTERVENTIONAL RADIOLOGY PROCEDURE**

Specific Order: _____

_____

Clinical Information:

Please attach previous imaging reports

Risks for Contrast Nephropathy (CT/Interventional)/ Nephrogenic Systemic Fibrosis (MRI)

	YES	NO
Diabetes	☐	☐
Diabetic Medication	☐	☐
Please list: _____		
On Dialysis	☐	☐
Elderly (greater than 70 years of age)	☐	☐
Dehydration	☐	☐
Nephrotoxic medications	☐	☐
CHF	☐	☐
Solitary kidney	☐	☐
Multiple myloma	☐	☐
Is the patient pregnant?	☐	☐

If any risk factors for Contrast Nephropathy / NSF are present, you must provide the following (within 1 month)

Creatinine _____ eGFR _____

Date of blood test: _____

Allergy to IV contrast media? MRI or CT?	☐	☐

Describe reaction: _____

_____

Is patient pre-medicated?	☐	☐

If YES please state: _____

Cardiac CT patients only:	YES	NO
Irregular Heartbeat/Palpitations	☐	☐
Pacemaker	☐	☐
Asthma	☐	☐
On Viagra / other E.D. medications	☐	☐

MRI Patient Safety Screening Questions

Please check Yes or No	YES	NO
1. Have you ever had metal in your eye? If YES, orbital x-rays are required pre MRI	☐	☐
2. Are you claustrophobic? If YES, please see your referring doctor for a sedative.	☐	☐
3. Do you have:		
a pacemaker / leads / defibrillator	☐	☐
brain aneurysm clip	☐	☐
Cochlear implant	☐	☐
Neurostimulator	☐	☐
Shrapnel / bullets	☐	☐
Any implanted devices If YES, please specify & provide the manufacturer make & model of the implanted devied if available:	☐	☐

_____

Please list all previous surgeries (Details & Dates):

_____

_____

_____

_____

_____

Pt. Height _____ **Pt. Weight** _____

MRI Safety needs to be determined prior to booking your patient

Booking Process

The Booking Department will notify either yourself or your referring Physician of your appointment date and time. MRI and CT appointments are in high demand; please ensure you inform us within 24 hours of your appointment if you cannot attend. This supports the Ministry of Health's wait time management program.

Children 10 years and under can not be left unattended in the waiting area and are not able to accompany patient into the exam room.

To cancel or rebook your appointments at Markham Stouffville Hospital please call:
905-472-7020 Monday to Friday between 8.30am and 4.30pm.

To cancel or rebook your appointments at Uxbridge Site please call:
905-852-9771 ext 5249

If you require a translator please have them accompany you to your appointment to ensure we have accurate information and are able to answer all questions.

MRI PATIENT INFORMATION / PREPARATION

You will be asked to complete a patient screening form when you arrive.
Please leave any valuables at home, as the hospital is not responsible for any lost or stolen items. A locker will be provided to you for your other belongings.
You will be required to change into a hospital gown. Hospital gowns will be provided.

For patients requiring sedation for claustrophobia

Your physician will provide a prescription for you, please fill it before you arrive for your MRI appointment and take as directed by the physician. A responsible adult MUST drive you to and from you appointment.

For MRI and MRA of the Abdomen and Pelvis

Nothing to eat or drink six hours prior to your appointment time, except to swallow any necessary medication.

CT PATIENT INFORMATION / PREPARATION

CT scan of the Abdomen

Nothing to eat or drink four hours prior to your appointment.
If you require a contrast drink you will be in the department for approximately one hour and a half.

CT Renal Colic

Drink two full 8 oz glasses of water one hour before your appointment. DO NOT EMPTY YOUR BLADDER.

All CT exams with contrast

Nothing to eat or drink four hours prior to your appointment.

FOR BOTH MRI AND CT APPOINTMENTS

Depending on your examination you may be required to drink a fluid that enhances your internal organs or you may have a contrast injection. Please be prepared to answer questions about your general health and inform us of any allergies you may have. The technologist will let you know once you arrive at your appointment, if you will need either of the above.

Our booking staff will advise you or your doctor of any further preparation required before your appointment.

Premedication Instructions *IF REQUIRED*

Your doctor will give you the prescription.
Prednisone 50 mg, 13 hours, 7 hours and 1 hours prior to exam.
Benadryl / diphenhydramine 50 mg 1 hours prior to exam.

Address:

Markham Stouffville Hospital, 381 Church Street. Markham ON.
Uxbridge Site, 4 Campbell Drive, Uxbridge ON.

Visit: www.msh.on.ca