

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



Oak Valley Health
CT/MRI and
Interventional Radiology Requisition
Diagnostic Imaging Department

Markham Stouffville Hospital Booking Line: 905-472-7020
Fax: 905-472-7078

Uxbridge Hospital 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: _____
 WSIB #: _____ Non OHIP (Self-pay) or Refugee
 Tel # (Best Daytime): _____ Alternate #: _____
 Email: _____

Date	Referring MD	Signature	MD Phone #
CPSO #	Billing #	Preferred Language	Name & number of interpreter to help schedule appointment, if available
Additional Reports to:			Is mechanical lift with sling needed during visit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exam Requested Please check one only CT MRI (Markham Stouffville Hospital only) Interventional Radiology

Specify region of imaging/procedure:

(Attach any relevant previous imaging reports)

Clinical Information & Reason for Referral:

Please advise patient before CT and MRI scans, worn items must be removed, including jewelry, hearing aids, dentures, any monitoring devices, sensors, and attached pumps (for pain, diabetes, antibiotics)

List any surgeries/details of implants:

CT Safety Screening Questions

	Yes	No
Pregnant/Breast feeding	<input type="checkbox"/>	<input type="checkbox"/>
Previous reaction/allergy to CT contrast	<input type="checkbox"/>	<input type="checkbox"/>
Will patient be pre-medicated to prevent allergic reaction to contrast?	<input type="checkbox"/>	<input type="checkbox"/>

MRI Patient Safety Screening Questions

	Yes	No
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
Previous reaction/allergy to MR contrast	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/pacing wires/Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Heart valve/stents	<input type="checkbox"/>	<input type="checkbox"/>
Coils/filters	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm clips - brain/aorta	<input type="checkbox"/>	<input type="checkbox"/>
Shunts - spinal/intraventricular	<input type="checkbox"/>	<input type="checkbox"/>
Neurostimulator/TENS unit	<input type="checkbox"/>	<input type="checkbox"/>
Eye implants/prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear implants	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic hardware - list specific location	<input type="checkbox"/>	<input type="checkbox"/>
Penile implant	<input type="checkbox"/>	<input type="checkbox"/>
Breast tissue expander	<input type="checkbox"/>	<input type="checkbox"/>
Injury from metal/shrapnel/bullets/BB pellets	<input type="checkbox"/>	<input type="checkbox"/>
Staples/clips/metallic sutures	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy/gastroscopy in last 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Tattoos - wait 6 weeks if MRI is non-urgent	<input type="checkbox"/>	<input type="checkbox"/>
Metal in the eye?	<input type="checkbox"/>	<input type="checkbox"/>

Provide eGFR below if any of these answered 'yes':

Known kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting referral to nephrologist	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting referral to urologist	<input type="checkbox"/>	<input type="checkbox"/>
Taking Metformin	<input type="checkbox"/>	<input type="checkbox"/>

eGFR _____ Creatinine: _____

Date of result: _____

For Cardiac CT only:

Irregular heartbeat/palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
On Viagra/other ED medication	<input type="checkbox"/>	<input type="checkbox"/>

For CT Colonography only:

Special preparation instructions will be given at time of scheduling the appointment.

If yes, orbital xrays are required prior to MRI

Is patient claustrophobic? Yes No
If yes, consider sedative for patient - this is not provided by hospital

Provide eGFR if for MR Primovist liver/cardiac scan Yes No

Provider Signature: _____

Provider Signature: _____

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 8:30 a.m. and 4:30 p.m.

To cancel or rebook your appointments at Uxbridge Hospital 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 your 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 for previous contrast allergy *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 Hospital, 4 Campbell Drive, Uxbridge ON.

Visit: www.oakvalleyhealth.ca