

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY  
OR AFFIX LABEL WITH COMPLETE INFORMATION



**Markham  
Stouffville  
Hospital**  
Oak Valley Health

### MRI Knee Appropriateness Checklist

*This checklist is required for all outpatient MRI knee referrals.*

**Please include with MRI requisition.**

Patient Name:	_____		_____		_____	
	Last		First			
Date of Birth:	_____	_____	_____	Sex:	F	M
	Day	Month	Year			
Health Card #	_____	Version Code:	_____			
Address:	_____				Postal Code:	_____
Telephone # (Best Daytime):	_____					
Alternate #:	_____					
Family Physician:	_____					

Date	Referring MD	Signature

#### CHECK ANY/ALL THAT APPLY:

**Recent Knee X-rays Recommended for All Patients**  
*Required for:* Patients greater than or equal to 55 years old  
 Suspected osteoarthritis (weight bearing views)  
 History of trauma

**Other Knee Imaging**  
 What: \_\_\_\_\_  
 When: \_\_\_\_\_  
 Where: \_\_\_\_\_

- MRI is recommended for:**
- Locked knee/Mechanical symptoms (unable to fully extend knee with relaxed muscles)
  - Suspected ligamentous injury in the setting of a recent traumatic event
  - Persistent acute swelling/effusion despite conservative therapy for 4 - 6 weeks
  - Suspected soft tissue or bone tumour

**MRI is NOT recommended if there is:**

- Moderate or severe osteoarthritis without locking or extension block  
***MRI is unlikely to alter patient management***

- Consider MRI if all of the following are present**
- Absent or mild osteoarthritis
  - Persistent unexplained pain greater than 3 months
  - Failed conservative therapy (physiotherapy and anti-inflammatories)
  - Patient is surgical/arthroscopy candidate

**Additional Clinical Information**  
 Please provide any additional information relevant to this request.  
***Include arthroscopic and surgical reports.***

