Oxford MEDICAL IMAGING

CT/MRI REQUEST FOR EXAMINATION FORM

P: 1–844–731–1817

❑ CT ❑ MRI

❑ Ajax (Fax: 905–426–5234)
❑ Mississauga (Fax: 905–568–0941)

Appointment	DAY	MONTH	YEAR	Location

Arrive at least 30 minutes before your appointment and bring this form and your OHIP card. If you arrive late, you may be rebooked at another time and date.

Patient's Last Name	Patient's First Name	Referring Physician
Address	Date of Birth (DD | MM | YYYY) / Gender ❑ M ❑ F	Address
City / Prov. / Postal Code	Phone # / Mobile #	Phone # / Fax #
Health Card # VERSION CODE	Email	Physician's Signature
Is patient able to come in on short notice? ❑YES ❑NO	Patient consents to appointment information being disclosed in a telephone message? ❑YES ❑NO	Provider ID #
		CC Reports to
AREA TO BE EXAMINED:		Date

CLINICAL HISTORY/CLINICAL DIAGNOSIS

THIRD-PARTY INFO (FAX: 905–426–3741)

Is this a WSIB exam? ❑YES ❑NO WSIB Claim #____

Date of accident____ (DD | MM | YYYY) Company Name ____

Contract # ____ Phone # ____ Fax # ____

Case Manager's Name ____

FOR CT PATIENTS

	YES	NO
Does patient have a history of kidney disease, (e.g., one kidney, renal failure, dialysis)?	❑	❑
Is patient diabetic?	❑	❑
Previous reaction to IV contrast?[1]	❑	❑
Is patient taking Metformin or Glucophage?	❑	❑

Please list known allergies:

FOR MRI PATIENTS (To be completed with patient)

	YES	NO
Have you had a previous MRI?	❑	❑
Has metal ever gone into your eye?	❑	❑
Do you have any kidney disease?	❑	❑
Are you on dialysis?	❑	❑
Are you claustrophobic?	❑	❑

Do you have any of the following:

Aneurysm Clips	❑YES ❑NO	Coils/Stents	❑YES ❑NO
Artificial Cardiac Valve	❑YES ❑NO	Neurostimulator	❑YES ❑NO
Cardiac Pacemaker	❑YES ❑NO	Retained Pacing Wires	❑YES ❑NO
Cochlear Implants	❑YES ❑NO	Shrapnel/Bullets	❑YES ❑NO

Other implanted devices ____

If YES to any, please specify (date, type, implant model):

PREVIOUS RELEVANT EXAMS

Please state **when** and **where** for each exam.

None	❑
MRI	❑ ____
CT	❑ ____
X-ray	❑ ____
Ultrasound	❑ ____
Angiogram	❑ ____
Nuclear Medicine	❑ ____
Arthography	❑ ____

Please provide all previous reports with requisition.

LIST ALL SURGERY

Please list all surgeries and specify a date and type.
Please provide all surgical reports with requisition.

(DD | MM | YYYY)

(DD | MM | YYYY

(DD | MM | YYYY)

Patient Signature ____

Date ____ (DD | MM | YYYY) Technologist ____

Most recent Creatinine/GFR levels within 3 mos:

Creatinine ____ GFR ____

Date ____ (DD | MM | YYYY)

Date of last menstrual cycle:

(DD | MM | YYYY)

Weight ____ Height ____

Radiologist Protocol:
❑P1 ❑P2 ❑P3 ❑P4

❑ Cancer screening

Protocol Info:

Radiologist Initial: ____

Oxford
MEDICAL IMAGING

For additional information, or for the operational hours of each of our locations, please contact us or visit our website at *www.oxfordmedicalimaging.ca*

PATIENT INFORMATION

FOR PATIENTS WITH KNOWN ALLERGIES

1. If the patient has a known contrast allergy, the requesting physician is responsible for organizing the pre-medication prior to the patient's scan. Please follow the pre-medication instructions below:
   Prednisone 50 mg P.O. 13 hours and 1 hour pre-examination plus Benadryl 50 mg P.O. 1 hour pre-examination.

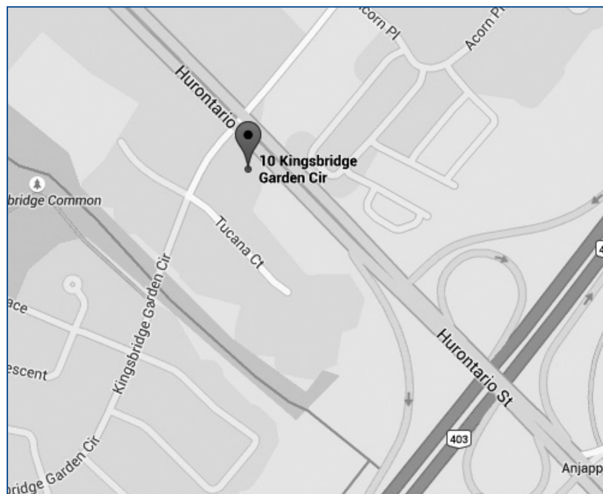
NOTE: Benadryl can cause drowsiness. Patients should make arrangements to be driven home from the examination.

LOCATIONS FOR CT OR MRI SERVICES

MISSISSAUGA
The Emerald Centre
10 Kingsbridge Garden Circle
Mississauga ON L5R 3K6

CT | MRI | ULTRASOUND | FREE PARKING

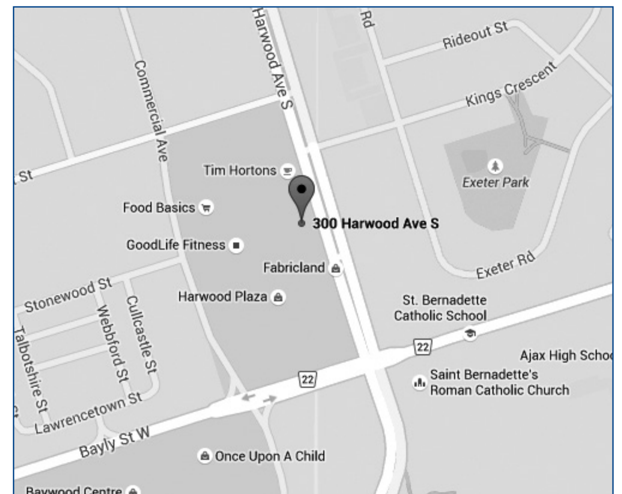
DIRECTIONS FROM TORONTO
401 W
Exit Hwy 403 (QEW/Hamilton)
North on Hurontario St
Left on Kingsbridge Garden Circle
Left on Tucana Crt
Left into driveway



AJAX
300 Harwood Ave S
Ajax ON L1S 2J1

CT | MRI | FREE PARKING

DIRECTIONS FROM TORONTO
401 E
Exit Westney Rd S
Left (east) on Bayly Ave
Left (north) on Harwood Ave
Left into Harwood Plaza (located beside Tim Hortons)



This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

ALL CLINIC LOCATIONS

Yonge/King (The Path)
11 King St W, Suite C-100
Toronto ON M5H 4C7
P: 416–864–1814 | F: 416–864–1499
X-ray | Ultrasound | MSK | Vascular Ultrasound Studies & MSK Procedures/Injections

Bay/College (General)
790 Bay St, Unit #418
Toronto ON M5G 1N8
P: 416–260–9382 | F: 416–260–2274
X-ray | Ultrasound | MSK

Bay/College (Women's Imaging Centre)
790 Bay St, Unit #520
Toronto ON M5G 1N8
P: 416–260–1974 | F: 416–260–1687
Ultrasound | Sonohysterogram

Thornhill (Bathurst & Steeles)
7131 Bathurst St, #LL03
Thornhill ON L4J 7Z1
P: 905–889–2400 | F: 905–889–2455
X-ray | Ultrasound | MSK

North York (Bathurst/Finch)
4949 Bathurst St, Unit #100
Toronto ON M2R 1Y1
P: 416–223–5460 | F: 416–223–8335
X-ray | Ultrasound | MSK | Mammo | Thyroid Biopsy | BMD & Breast Biopsy

Pickering (Kingston/Dixie)
1105 Kingston Rd, Suite D202
Pickering ON L1V 1B5
P: 905–420–3068 | F: 905–420–6057
X-ray | Ultrasound | MSK | Mammo | BMD

Newmarket (Leslie/Davis)
17215 Leslie St
Newmarket ON L3Y 8E4
P: 905–836–2626 | F: 905–836–5043
X-ray | Ultrasound | MSK | Mammo

KITCHENER/WATERLOO

Frederick Mall
385 Frederick St, Unit 20A
Kitchener ON N2H 2P2
P: 519–749–9555 | F: 519–749–9312
X-ray | Ultrasound | MSK | Vascular Studies

Forest Hill Centre
421 Greenbrook Dr, Unit 23A
Kitchener ON N2M 4K1
P: 519–569–8592 | F: 519–569–7286
X-ray | Ultrasound | MSK | Vascular Studies

Medical Centre
430 The Boardwalk, Suite 108
Waterloo ON N2T 0C1
P: 519–576–8760 | F: 519–576–8768
X-ray | Ultrasound | MSK | Mammo | BMD | Gastrics | Vascular Studies | Sonohysterogram

Belmont Professional Centre
564 Belmont Ave W, Suite 101
Kitchener ON N2M 5N6
P: 226–646–4555 | F: 226–646–4556
X-ray | Ultrasound | MSK | Vascular Studies