Oxford MEDICAL IMAGING

# CT/MRI REQUEST FOR EXAMINATION FORM

PRINT RESET P: 1–844–731–1817 SAVE AS

☐ 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.

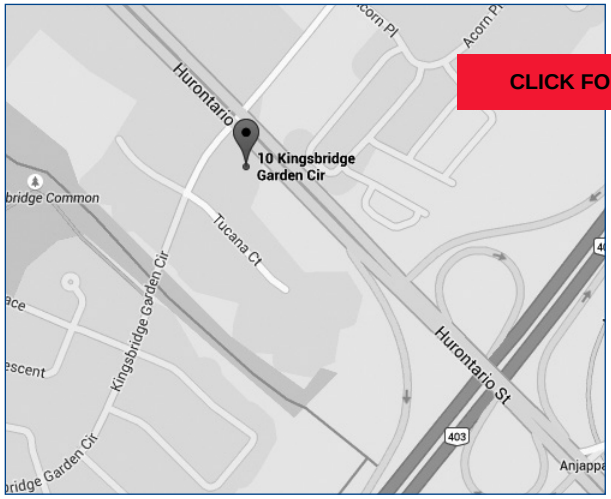
**NOTE:** Benadryl can cause drowsiness. Patients should make arrangements to be driven home from the examination.

## 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

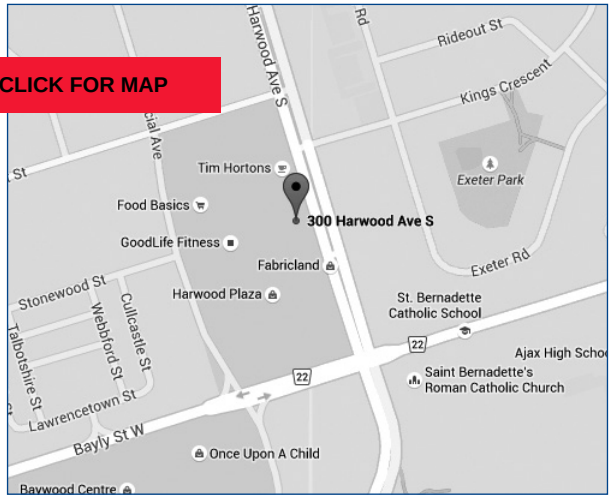



CLICK FOR MAP

### 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)




CLICK FOR MAP

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

### 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

**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

**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

**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