

## MRI REQUISITION

Tel. 250-591-5311 Fax. 250-591-5312  
 info@nanaimomri.ca www.nanaimomri.ca  
 Location: 1097 Nelson Street, Nanaimo, BC V9S 2K1

Ordering Physician MSP #: \_\_\_\_\_  
 PRINT Full Name \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Extra Copies to: \_\_\_\_\_

Exam(s) Requested  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Exam(s)  
 (Do not attach consults or letters. Must give concise history.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Location: \_\_\_\_\_  CT or  MRI

### Complete for ALL Patients

Height: \_\_\_\_\_ (  cm or  ft ) Weight: \_\_\_\_\_ (  Kg or  lbs )

Allergies : \_\_\_\_\_

Is the patient pregnant?  Yes  No

Infection Control Precautions?  Yes  No

If Yes, specify type: \_\_\_\_\_

Is there a clinical suspicion of renal dysfunction ?  Yes  No

If Yes,  
 eGFR: Value: \_\_\_\_\_ Date of result: \_\_\_\_\_

PHN: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone : \_\_\_\_\_

Home Phone: \_\_\_\_\_

Sex:  M  F DOB (dd/mm/yyyy): \_\_\_\_\_

### Does the patient have ANY implanted devices?

Cardiac Pacemaker/Defibrillator, Artificial Heart Valve,  
 Cerebral Aneurysm Clip, Neurostimulator, Cochlear Implant,  
 Penile Implant or Cranial Shunt.

Yes  No

IF YES: Please attach operative report or a copy of the patient's  
 implant identification card for patient safety. We cannot  
 book until the implant is verified as MRI compatible.

PLEASE NOTE: Cardiac Stents or any  
 Orthopedic Implants are excluded.

Any possibility of a metal orbital foreign body?  Yes  No  
 If yes, an AP Orbital X-ray is required.

Ordered  Result: \_\_\_\_\_

Is the patient Claustrophobic?  Yes  No  
 If Yes, physician to arrange for oral sedation.

Does the patient need assistance with mobility?  Yes  No  
 If Yes, what is required? \_\_\_\_\_

Has the patient had surgery in the area of exam?  Yes  No

Surgery Date: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

With  
 Without

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_