SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

DEMOGRAPHIC LABEL

MAGNETIC RESONANCE IMAGING REQUEST

Physician Information

Print Name:_____ Address: _____

Fax: _____ Telephone: _____

Signature: _____

Patient Information

Print Name: _____ DOB: _____ Telephone: _____

Address: _____

Health card number: _____ WSIB ☐ **Y** ☐ **N** Number:_____

Signature: _____ Date: _____

Would you like to be notified by e-mail? ☐ Y ☐ N E-mail Address: _____

☐ Out Patient ☐ In Patient ☐ Ventilated Unit _____ EXT _____ ☐ Ref In ☐ Insurance

EXAM REQUESTED: _____

CLINICAL INFORMATION:

SURGICAL HISTORY		**MRI PATIENT SAFETY SCREENING**	
Please provide dates:		Do you have any of these:	
Brain/Ears/Eyes Explain:	☐ **Y** ☐ **N**	Cochlear/Stapes Implant Cardiac Pacemaker / Defibrillator	☐ **Y** ☐ **N** ☐ **Y** ☐ **N**
Heart/Aortic Repair Explain:	☐ **Y** ☐ **N**	Neurostimulator Brain aneurysm clip/coil	☐ **Y** ☐ **N** ☐ **Y** ☐ **N**
Lumbar spine	☐ **Y** ☐ **N**	Implanted drug infusion pump	☐ **Y** ☐ **N**
Surgery within last 6 weeks Explain:	☐ **Y** ☐ **N**	Pregnant? Date of last menstrual period:	☐ **Y** ☐ **N**
Is the Patient claustrophobic?	☐ **Y** ☐ N	VP Shunt?	☐ **Y** ☐ **N**

If YES and the patient will require a sedative the ordering physician must prescribe.

Has the patient ever had a metal fragment in their eye? ☐ **Y** ☐ **N** If yes, please provide orbital x-ray report

Mobility: ☐ stretcher ☐ wheel chair ☐ ambulatory

PREVIOUS RELEVANT IMAGING

☐ MRI ☐ CT ☐ US ☐ NUC MED ☐ XRAY Please attach reports

CREATININE results are required if patient is over 60 years of age or has a history of renal disease

Not required for routine orthopedic joint and non-surgery related spine exams.

SERUM CREATININE: Date of collection: (**must be less** than 2 months)

Patient Weight:_____ **Height:** _____

DEPARTMENT USE ONLY **Pre-screen:** ☐ **Y** ☐ **N** **Gad:** ☐ **-C** ☐ **+C**

Received:_____ Category: _____ Scan Time: ☐ **30** ☐ **60** **Code:**

Exam Date: _____ Time:_____ Arrival Time: ☐ **30** ☐ **60**

Please fax to SAH :705-759-3714