GNMI MRI & CT MEDICAL IMAGING

❒ MISSISSAUGA
❒ AJAX

FREE PARKING

Phone: (905) 568-3768
Fax: (905) 568-0941
www.gnmi.ca info@gnmi.ca

Patient First Name | Patient Last Name | Referring Physician Name

Home Phone | Cell Phone | Phone | Fax

OHIP # | Version Code | Sex M | F | DD / MM / YYYY Date of Birth | DD / MM / YYYY Date

❒ Non-OHIP/Third-party

❒ WSIB Claim # _____ Injury Date DD / MM / YYYY Company Name _____ Phone _____

DD / MM / YYYY
Appointment Date | Appointment Time

24-hour notice required to cancel appointment or $75 charge billed.

Is patient able to come in on short notice? ❒ YES ❒ NO

Patient consents to appointment information being disclosed in a telephone message? ❒ YES ❒ NO

CLINICAL HISTORY – EXAM REQUESTED *(Please be specific)*

❒ CT ❒ MRI

Doctor's Signature _____ Copy To: _____

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?	❒	❒
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?	❒	❒
Allergy to gadolinium contrast?	❒	❒

Do you have any of the following:

Aneurysm Clips	❒	❒
Artificial Cardiac Valve	❒	❒
Cardiac Pacemaker	❒	❒
Cochlear Implants	❒	❒
Coil/Stents	❒	❒
Neurostimulator	❒	❒
Retained Pacing Wires	❒	❒
Shrapnel/Bullets	❒	❒

Other implanted devices _____

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

_____

PREVIOUS RELEVANT EXAMS

Please provide all previous reports with requisition
Please state **when** and **where** for each exam

None	❒	
MRI	❒	_____
CT	❒	_____
X-ray	❒	_____
Ultrasound	❒	_____
Nuclear Medicine	❒	_____

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

Most recent Creatinine/GFR levels within 3 mos:

Creatinine _____ GFR _____

Date DD / MM / YYYY

Date of last menstrual cycle

Date DD / MM / YYYY

Weight _____ Height _____

ULTRASOUND *(Mississauga site only)*

❒ ULTRASOUND *(By Appointment)* _____

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.ca/en/public/programs/ihf/facilities.aspx**

FAX COMPLETED REQUISITIONS TO: (905)-568-0941
Patient will be directly contacted to schedule an appointment

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www.gnmi.ca info@gnmi.ca

PATIENT INFORMATION

ARRIVE AT LEAST 30 MINUTES BEFORE YOUR APPOINTMENT UNLESS OTHERWISE SPECIFIED. LATE APPOINTMENTS MAY BE REBOOKED.

FOR PATIENTS WITH KNOWN ALLERGIES AND CLAUSTROPHOBIA

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

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

IT IS CRITICAL FOR PATIENT SAFETY THAT ALL RELEVANT SECTIONS ON THE FRONT OF THE REQUISITION ARE COMPLETED BY THE REFERRING PHYSICIAN. INCOMPLETE REQUISITIONS WILL BE SENT BACK FOR COMPLETION.

CT STUDIES

CHEST/BODY

Chest
PE Chest
Pulmonary Nodule-Low Dose
Hi-Res Chest
CTA Chest Dissection
Abdomen & Pelvis
Pelvis
Renal Colic
Urogram
Renal Mass
Liver
Pancreas
Adrenal Gland
Bony Pelvis
CTA Chest-Abdomen-Pelvis
CTA Abdomen-Pelvis
CTA Mesenteric
CTA Runoff

SPINE

CT Cervical
CT Thoracic
CT Lumbar
CT SI Joints
CT Sacrum/Coccyx

HEAD/NECK

Brain
CTA Head
CTA Head & Neck
CTA Neck
Circle of Willis
Carotids
CT Venogram
Soft Tissue Neck
Orbits
Facial Bone
TMJ
Sinuses
Temporal Bones

EXTREMITIES

Shoulder
Humerus
Scapula
Elbow/Forearm
Wrist/Hand
Hip
Femur
Knee
Tib/Fib
Ankle/Foot

MRI STUDIES

HEAD/NECK

Brain
Demyelination
IAC
Dementia
Concussion Protocol
Pituitary Gland/Sella
TMJ
Pineal Gland
Orbits
Seizure
Cranial Nerve
Trigeminal Neuralgia
Soft Tissue Neck
Skull Base
Cavernous Sinus
Face/Sinus

MRA/MRV

MRA Head Circle of Willis
MRA Neck Carotids
MRV Dural Venous Sinuses
Renal Arteries
Aorta

MSK

Shoulder
Humerus
Scapula
Elbow
Forearm
Wrist
Hand/Fingers
Thumb
Hip
Femur/Thigh
Knee
Tib-Fib/Calf
Ankle
Foot
Chest
Pectoralis
Brachial Plexus
Sports Hernia
Ortho Pelvis
Sternum
SC Joints

SPINE

Cervical
Thoracic
Lumbar
SI Joints
Sacrum/Coccyx

ABDOMEN/PELVIS

Abdomen
Liver
MRCP
Pancreas
Kidneys
Adrenals
Female Pelvis
Male Pelvis
Rectum
Anal Fistula

*Please note that all studies are protocolled by the radiologist based on the clinical information provided and patient history

LOCATIONS FOR CT OR MRI SERVICES

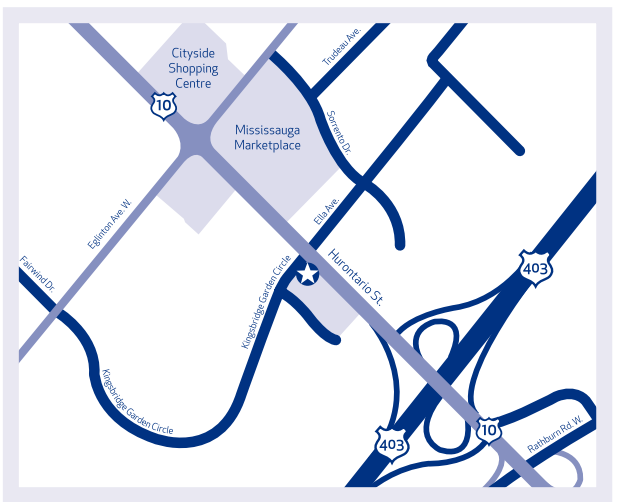
MISSISSAUGA

The Emerald Centre
10 Kingsbridge Garden Circle
Phone: 905-568-3768
Fax: 905-568-0941

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

Harwood Plaza
300 Harwood Ave South
Phone: 905-426-8976
Fax: 905-426-5234

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)