



1 - 2727 Parliament Ave
 Regina SK S4S 6X5
 Phone: 306.352.6736 (OPEN)
 Fax: 306.586.4674 (4MRI)

Name: DOB:

Primary Address: City:

Postal Code: Phone: (h) (c)

P.I. R. (HSN) Claim #

Ref Physician N.O.K.

Relationship Contact #

***** For the patient's SAFETY, an MRI booking will only be provided once this requisition is completed in full.
 *** (Please attach a detailed consultation report, including patient history and any relevant imaging and reports.)**

*****NOTE*****

Patients will not receive an MRI if they have any of the following:

- Pacemaker
- External Pacer Wires
- Deep Brain Implant
- Metallic Tissue Expander

Patient Information:

Does this patient ambulate? Y N

Ht: Wt: Sex M F

Date of LMP:

Pregnant: Y N

Breast Feeding: Y N

Creatinine: Date:

eGFR: Date:

Isolation Precautions: Y N

Possible Restrictions:

- Does the patient have an vascular/aneurysm clips, cardiac valve, stent, or any other mechanical or surgically implanted device? Y N
- Please provide details including make/model
- Date and location of procedure
- Patient informed to present implant card at MRI appointment Y N
- Has the patient ever had a metallic foreign body in their eye? Y N
- If yes, has this patient had an Orbital x-ray since? If yes, where and when?
- Is this patient claustrophobic? Y N **** Please prescribe oral sedation if necessary****
- Has this patient had any previous relevant imaging? If yes, when and where

Exam (include anatomy) Requested:

(If xrays are required prior to MRI or an arthrogram is requested, they will be performed at Radiology Associates of Regina)

Relevant History:

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Previous Surgical History:

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Ref. Physician:

Signature:

Phone Number:

Date Received:

Appointment Date:

Time: