# GNMI MRI & CT MEDICAL IMAGING


## WINDSOR MRI & CT
3200 Deziel Dr. #608,
Windsor ON N8W 5K8

## FREE PARKING
Phone: 226-233-9996
Fax: 226-233-9995
**www.gnmi.ca** **info@gnmi.ca**


### Patient Information

Last Name First Name

Address

Cell Phone Email

M / F DOB DD/MM/YYYY OHIP Version Code

☐ Non-OHIP/Third-party
☐ WSIB Injury Date DD/MM/YYYY Company Name Phone

### Referring Physician Information

Name

Address

Phone Fax

Email Billing Number

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 specify body part to be examined)*

☐ MRI ☐ CT ☐ STAT

Doctor's Signature _____ Date _____ 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? | ☐ | ☐ |
| 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 | ☐ | ☐ |
| Coils/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 SURGERIES

Please list all surgeries and specify a date and type.
Please provide all surgical reports with requisition.

_____

_____

_____

Most recent Creatinine/GFR levels within 3 mos: (required for CT scans if history of kidney disease)

Creatinine _____ GFR _____

Date DD/MM/YYYY

Date of last menstrual cycle

Date DD/MM/YYYY

Weight _____ Height _____

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and ICHSCs, such as those listed on the ICHSC Program website: **http://www.ontario.ca/page/community-surgical-and-diagnostic-centres**

**FAX COMPLETED REQUISITIONS TO: 226-233-9995**
Patient will be directly contacted to schedule an appointment

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## 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 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.**

# MRI & CT: FAX COMPLETED REQUISITIONS TO 226-233-9995

## 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

## GNMI IS A SCENT FREE ENVIRONMENT

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