GNMI MRI & CT MEDICAL IMAGING

WINDSOR MRI & CT 3200 Deziel Dr. #608,
Windsor ON N8W 5K8
Ph: 226-233-9996 • Fax: 226-233-9995

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 OHIP Version Code

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

Physician Information

Last Name First 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)*

☐ STAT ☐ MRI ☐ CT

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	☐	☐
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 _____

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: 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 QUESTIONS 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

EXTREMETIES
- 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 Cartoids
- 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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