GNMI
GREATER NIAGARA MEDICAL IMAGING

ST. CATHARINES 464 Welland Ave.
Ph: 905-684-6388 • Fax: 905-684-6389

ST. CATHARINES 245 Pelham Rd.
Ph: 905-685-0132 • Fax: 905-685-4547

ST. CATHARINES 282 Linwell Rd.
Ph: 905-935-0270 • Fax: 905-935-8811

NIAGARA FALLS 7885 McLeod Rd.
Ph: 905-354-8448 • Fax: 905-354-4664

WELLAND 555 Prince Charles Dr. N
Ph: 905-735-2929 • Fax: 905-735-2969

GRIMSBY 37 Main Street East
Ph: 289-797-2330 • Fax: 289-235-8193

gnmi.ca
info@gnmi.ca

Patient Information

Last Name ____________ First Name ____________

Address ____________

Cell Phone ____________ Email ____________

M / F DOB ____________ OHIP ____________ Version Code ________

Physician Information

Last Name ____________ First Name ____________

Address ____________

Phone ____________ Fax ____________

Email ____________ Billing Number________

Clinical History/Scan Area

❐ STAT

Doctor's Signature ____________ Date ________ Copy To ____________

MRI & CT (fax req to: 905-346-1027)

❐ MRI ❐ CT

*** FOR ALL PATIENTS** YES NO
History of kidney disease? ❐ ❐

Creatinine/GFR levels within last 6 mos:
(required if known kidney disease)

Cr ______ GFR ______ DD / MM / YYYY

Last menstrual cycle DD / MM / YYYY

Please list known allergies: ____________

Previous relevant exams: ____________

Previous surgeries: ____________

FOR CT PATIENTS YES NO
Previous reaction to IV contrast? ❐ ❐
Describe Reaction: ____________

FOR MRI PATIENTS (To be completed with patient)

	YES	NO
Allergy to gadolinium contrast?	❐	❐
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?	❐	❐
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): ____________

X-RAY (walk-in)

CHEST
❐ Chest PA & LAT
❐ Ribs B L R (includes PA chest)
❐ Sterno - Clavicular
❐ Sternum

HEAD & NECK
❐ Soft Tissue - Neck
❐ Skull
❐ Sinuses (uninsured)
❐ Facial Bones
❐ Nose
❐ Mandible
❐ Orbits
❐ TM Joints

SPINE & PELVIC
❐ Cervical Spine
❐ Thoracic Spine
❐ Lumbar Spine
❐ Pelvis
❐ S.I. Joints
❐ Sacrum/Coccyx
❐ Scoliosis

ABDOMEN
❐ ABD Series
❐ KUB (single view)

UPPER EXTREMITIES
B - Bilateral
B L R
❐ ❐ ❐ Hand
❐ ❐ ❐ Wrist
❐ ❐ ❐ Elbow
❐ ❐ ❐ Shoulder
❐ ❐ ❐ Forearm
❐ ❐ ❐ Humerus
❐ ❐ ❐ Clavicle
❐ ❐ ❐ A.C. Joints
❐ ❐ ❐ Scapula
❐ ❐ ❐ Finger: 1 2 3 4 5

LOWER EXTREMITIES
❐ ❐ ❐ Knee
❐ ❐ ❐ Ankle
❐ ❐ ❐ Foot
❐ ❐ ❐ Hip
❐ ❐ ❐ Femur
❐ ❐ ❐ Tib. & Fib.
❐ ❐ ❐ Heel
❐ ❐ ❐ Toe: 1 2 3 4 5

Other: ____________

ULTRASOUND (by appointment)

GENERAL
❐ Abdomen
❐ Abdomen limited: ____________
❐ Renal
❐ Bladder
❐ PVR-Post Void Residual
❐ Transrectal Prostate
❐ AAA Screening
❐ Abdominal Wall/Hernia
❐ Inguinal Canal
❐ Scrotum
❐ Thyroid
❐ Neck

MUSCULOSKELETAL
B - Bilateral
B L R
❐ ❐ ❐ Shoulder
❐ ❐ ❐ Elbow
❐ ❐ ❐ Wrist
❐ ❐ ❐ Hand
❐ ❐ ❐ Hip
❐ ❐ ❐ Knee
❐ ❐ ❐ Popliteal Fossa
❐ ❐ ❐ Achilles Tendon
❐ ❐ ❐ Ankle
❐ ❐ ❐ Foot
❐ ❐ ❐ Plantar Fascia
❐ ❐ ❐ Lumps & Bumps
____

FEMALE PELVIS
❐ Pelvis - transvaginal
❐ Pelvis - transabdominal

MALE PELVIS
❐ Pelvis - transabdominal bladder and prostate
❐ Prostate - transrectal

OBSTETRICS
❐ OB - Under 16 weeks
❐ OB - 18-20 weeks
❐ OB - Fetal Growth
❐ OB - High Risk
❐ Biophysical Profile (BPP)
❐ Nuchal Translucency EFTS (11-14 weeks)

VASCULAR LAB
❐ Peripheral Arterial Legs - ABI
❐ Peripheral Arterial Arms
❐ Cartoid Arteries
❐ Aorta
❐ Portal Venous Hypertension
❐ Other: ____________
❐ Venous Insufficiency/ Varicose Vein Assessment
❐ Peripheral Venous Legs - DVT ❐B ❐L ❐R
❐ Peripheral Venous Arms - DVT ❐B ❐L ❐R

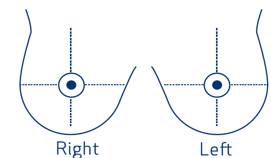
BMD (by appointment)

❐ Baseline - one per lifetime
❐ Low Risk - 5 years
❐ High Risk - 3 years
❐ High Risk - 1 year
❐ BMD Whole Body Composition ($300)

BREAST IMAGING (by appointment)

BREAST ULTRASOUND
❐ Bilateral ❐L ❐R

MAMMOGRAPHY
❐ OBSP
❐ Screening Mammogram
❐ Diagnostic Mammogram ❐L ❐R



NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION
❐ Exercise
❐ Persantine

Weight?________ Height?________

CARDIOLOGY

❐ Stress ECG (Exercise Stress Test)* ♥
❐ Echocardiogram
Holter Monitor: ❐ 24hr ❐ 48hr ❐ 72hr
❐ Ambulatory Blood Pressure Monitor ($60)

NUCLEAR MEDICINE

BONE SCAN
❐ Whole Body
❐ Specific Site
❐ Include X-Ray

GASTROINTESTINAL
❐ Biliary Scan / HIDA Scan

ENDOCRINE
❐ Parathyroid Scan

Thyroid Scan:
❐ Uptake and Scan
❐ Scan Only ❐ Uptake Only
❐ Ultrasound

*TO BOOK A NUCLEAR OR CARDIOLOGY APPOINTMENT CALL 905-354-8448 OR FAX REQUISITION TO 905-354-4664 *Contraindications to STRESS tests on back*

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MRI & CT 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.

MRI & CT: FAX COMPLETED REQUISITIONS TO 905-346-1027

ULTRASOUND PREPARATION AND INSTRUCTIONS

ARRIVE 15 MINUTES EARLY TO REGISTER

ABDOMEN

No eating or drinking (smoking or chewing gum) 4 hours prior to the appointment.

ABDOMEN/PELVIS

No eating 4 hours prior to the appointment. START drinking 5 cups of water (40 oz. or 1.25 litres) 2 hours before your examination.
FINISH drinking at least 1 hour prior to your examination. **DO NOT** empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

OBSTETRICAL/PELVIS

A full bladder is necessary for a thorough examination of the pelvis and pregnant uterus.
START drinking 5 cups of water (40 oz. or 1.25 litres) 2 hours before your examination. FINISH drinking at least 1 hour prior to your examination. **DO NOT** empty your bladder before your examination.

Note: If your bladder is not full YOUR APPOINTMENT MAY HAVE TO BE RESCHEDULED

PROSTATE (TRANSRECTAL)

FLEET ENEMA 2 hours before examination (kit may be purchased at your pharmacy) Drink 34 oz. or 1 Litre of water 1 hour prior to appointment.
Do not go to the washroom.

CARDIOLOGY PREPARATION AND INSTRUCTIONS

Patient preparation for stress test: Comfortable loose fitting clothing with comfortable walking/running shoes.
Physician: If appropriate hold AV blocking agents 24 hours before stress test.
*CONTRAINDICATIONS TO STRESS TESTS
*Left bundle branch block *Severe aortic stenosis *Inability to walk on a treadmill *Recent acute coronary syndrome, unstable angina, or angina at rest
*Uncontrolled congestive heart failure

Patients will be directly contacted to schedule an exam requiring an appointment after GNMI receives a requisition.

**24-hour notice required to cancel appointment or
$75 charge will be billed to patient.**

GNMI IS A SCENT FREE ENVIRONMENT

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