

North Bay Regional Health Centre
 Diagnostic Imaging
M.R.I. Requisition
 Tel. #: (705) 474-8600 ext. 2867 / 2820
 Fax #: (705) 495-7984

Name: _____
 Address: _____ Postal Code: _____
 Health Card #: _____ DOB: _____
 Tel. #: Home: _____ Work: _____
 Requires Assistance
 Weight: _____ Height: _____
 Is this a **WSIB** case? Claim #: _____

Appointment: _____

****FAILURE TO COMPLETE THIS REQUISITION IN FULL WILL RESULT IN EXAM BOOKING DELAY****

Area to be Examined **Be Specific:**

Diagnostic Question / Clinical History:

Symptoms or Suspicion of Acute Kidney Injury and/or Severe Chronic Kidney Disease? eGFR<30 mL/min/1.73m² No Yes
 Currently taking Cytotoxic Medication? No Yes

Does the patient have any of the following?

- 1. History of Metal in Eye? No Yes
 If yes, orbit x-ray required prior to booking, please include report
- 2. Claustrophobia? No Yes
 If yes, patient to bring sedation & escort
- 3. Pregnant or Breastfeeding? No Yes
- 4. Pacemaker / Defibrillator, Now or Ever? No Yes
- 5. Aneurysm Clips / Coils? No Yes
- 6. Cochlear or Ocular Implant? No Yes
- 7. Cardiac Valves, Filters, Grafts, Stents? No Yes
- 8. Neurostimulator? No Yes
- 9. Intra-Ventricular Shunt? No Yes
- 10. Vascular Access Port? No Yes
- 11. Continuous Glucose Monitoring Device? No Yes
- 12. Any Implanted Devices / Loop Recorder? No Yes
 Specify: _____

No Previous Surgery
List All Previous Surgeries (details/dates):

Relevant imaging reports MUST accompany requisition

- MRI: _____ Date: _____
- CT: _____ Date: _____
- US: _____ Date: _____
- NM: _____ Date: _____
- XR: _____ Date: _____

For Radiologist Use ONLY:
 P1 P2 P3 P4 Timed

For Technologist Use:

- 20 GAD
- 30 Week Day
- 45 Paediatric Sedation
- 60 Fasting: 2 hours
- 75 6 hours
- 90 Prep:

Clinical Indication:
 Cancer Staging and/or Diagnosis
 Breast Cancer Screening
 Other

Please include Ordering Physician billing number to avoid delays
 Billing #: _____ Tel. #: _____ Fax #: _____
 Address: _____
 Signature of Ordering Physician: _____
 Print Name of Ordering Physician: _____

For Office Use: