

# Bluewater Health

## Department of Diagnostic Imaging

89 Norman Street  
Sarnia, Ontario N7T 6S3  
Ph: 519-464-4491 Fax: 519-464-4455

☐ ED☐ Out Pt☐ In PrPatient Name patNameAddress patAddressLabelPostal Code patPostalCodePhone: Home ...ePhone.default Work ...essPhone.defaultD.O.B. patBirthdate.default Sex ☐ M ☐ FHealth Card Number patHN VC ...Code

### Request for Magnetic Resonance Imaging

Allergies: patALLR

To MRI Suite Via

☐ Walking ☐ Ambulance ☐ Chair ☐ Stretcher**Incomplete Requests Will Be Returned resulting in a delay of this procedure.**

Area to be Examined (Please be specific)

**Pertinent History, Clinical and Imaging Findings:** If imaging not performed at Bluewater Health, send copies of reports.☐ F/U ED☐ F/U Other

#### Does the Patient Have Any of the Following Contra-indications

☐ Yes ☐ No Cardiac Pacemaker☐ Yes ☐ No Hearing Aid☐ Yes ☐ No Penile Implant☐ Yes ☐ No Cochlear Implant☐ Yes ☐ No IUD☐ Yes ☐ No Neurostimulator☐ Yes ☐ No Orthopedic Plate/Pin/Screw☐ Yes ☐ No Pregnancy/Breast Feeding☐ Yes ☐ No Infusion Pump☐ Yes ☐ No Prosthesis☐ Yes ☐ No Dentures/Braces☐ Yes ☐ No Medication Patches☐ Yes ☐ No Tattoos/Tattooed Eye Liner☐ Yes ☐ No Is the patient claustrophobic?☐ Yes ☐ No Shrapnel/Bullets/Pellets☐ Yes ☐ No Cerebral Aneurysm Clip☐ Yes ☐ No Artificial Heart Valve

Where?

Make/Model:

Make/Model:

☐ Yes ☐ No Other Implnmts/metal☐ Yes ☐ No Does the patient require an oral sedative prescribed by the referring Physician?

Specify:

☐ Yes ☐ No Can the patient lie motionless on their back for 1 hour?☐ Yes ☐ No Has the patient ever been a grinder / metal worker / welder and had an eye injury / metal in / around eye?

Previous surgeries (including back) \_\_\_\_\_

Date of Lab Work \_\_\_\_\_

Creatinine Level umol/L  
(required for vascular studies)( Adult  
M 57-113  
F 39-88 )

estimated GFR uml/min/1.73m (&gt;90)

Weight Kg

Ordering Physician Signature: \_\_\_\_\_

Date \_\_\_\_\_

patFam.fullName

Family Physician

Copy to Physician

For Imaging Department use only

G # \_\_\_\_\_

Appointment Date \_\_\_\_\_ at \_\_\_\_\_ hrs.



DI 37 D NO12