GNMI MEDICAL IMAGING — MISSISSAUGA

MRI | CT | ULTRASOUND | XRAY

The Emerald Centre
10 Kingsbridge Garden Circle
Phone: 905-568-3768
Fax: 905-568-0941

FREE PARKING

www.gnmi.ca info@gnmi.ca

Patient Last Name | Patient First Name | Referring Physician Name

Home Phone | Cell Phone | Phone | Fax

OHIP # | Version Code | Sex M | F | DD / MM / YYYY Date of Birth | DD / MM / YYYY Date

❒ WSIB ❒ Non-OHIP/Third-party

Claim # _____ Injury Date DD / MM / YYYY Company Name _____ Phone _____

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 area to be examined*

❒ CT ❒ MRI

Doctor's Signature _____ Copy To: _____

MRI & CT *(By Appointment)*

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? ❒ ❒

FOR MRI PATIENTS (To be completed with patient)

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):

NON-OHIP SCREENING STUDIES

- ❒ Prostate MRI
- ❒ Coronary CTA & Calcium Scoring
- ❒ Coronary Calcium Scoring
- ❒ MRI Breast Screening (not OBSP high risk)
- ❒ MRI Breast Implant for rupture only

ULTRASOUND *(By Appointment)*

GENERAL
- ❒ Abdomen
- ❒ Pelvis-transvaginal
- ❒ Pelvis – transabdominal
- ❒ Renal
- ❒ Bladder
- ❒ PVR-Post Void Residual
- ❒ Transrectal Prostate
- ❒ AAA Screening
- ❒ Abdominal Wall / Hernia
- ❒ Inguinal Canal
- ❒ Scrotum
- ❒ Thyroid and Neck

FEMALE PELVIS
- ❒ Pelvis - *transvaginal*
- ❒ Pelvis – transabdominal

MALE PELVIS
- ❒ Pelvis – transabdominal bladder and prostate
- ❒ Prostate - *transrectal*

BREAST ULTRASOUND
❒ L ❒ R ❒ Bilateral

MUSCULOSKELETAL

B = *Bilateral*	B	L	R
Shoulder	❒	❒	❒
Elbow	❒	❒	❒
Wrist	❒	❒	❒
Hand	❒	❒	❒
Knee	❒	❒	❒
Popliteal Fossa	❒	❒	❒
Achilles Tendon	❒	❒	❒
Ankle	❒	❒	❒
Foot	❒	❒	❒
Plantar Fascia	❒	❒	❒
Lumps & Bumps	❒	❒	❒
Hip	❒	❒	❒

OBSTETRICS
LMP: DD / MM / YYYY
- ❒ OB — Under 16 weeks
- ❒ OB — 18-20 weeks
- ❒ OB — Fetal Growth
- ❒ OB — High Risk
- ❒ Biophysical Profile (BPP)
- ❒ Nuchal Translucency EFTS (11-14 weeks)

X-RAY *(No Appointment)*

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

HEAD & NECK
- ❒ Soft Tissue Neck
- ❒ Skull
- ❒ Sinuses
- ❒ Facial Bones
- ❒ Nose
- ❒ Mandible
- ❒ Orbits
- ❒ TM joints

SPINE & PELVIC
- ❒ Hip ❒R ❒L
- ❒ Cervical Spine
- ❒ Thoracic Spine
- ❒ Lumbar (L/S) 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
❒	❒	❒	Scaphoid
❒	❒	❒	Finger: 1 2 3 4 5

LOWER EXTREMITIES
B = *Bilateral*

B	L	R	
❒	❒	❒	Knee
❒	❒	❒	Ankle
❒	❒	❒	Foot
❒	❒	❒	Hip
❒	❒	❒	Femur
❒	❒	❒	Tib. & Fib.
❒	❒	❒	Heel
❒	❒	❒	Toe: 1 2 3 4 5

❒ Other: _____

MRI & CT: FAX COMPLETED REQUISITIONS TO 905-568-0941

Patient will be directly contacted to schedule an appointment

ULTRASOUND: Fax requisitions or call directly to book • **XRAY:** Walk-In (No Appointments)

This requisition form can be taken to any licenced 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**

GNMI MEDICAL IMAGING | MISSISSAUGA
MRI | CT | ULTRASOUND | XRAY

GNMI is a scent free environment
www.gnmi.ca info@gnmi.ca

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.

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) or other fluid 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.

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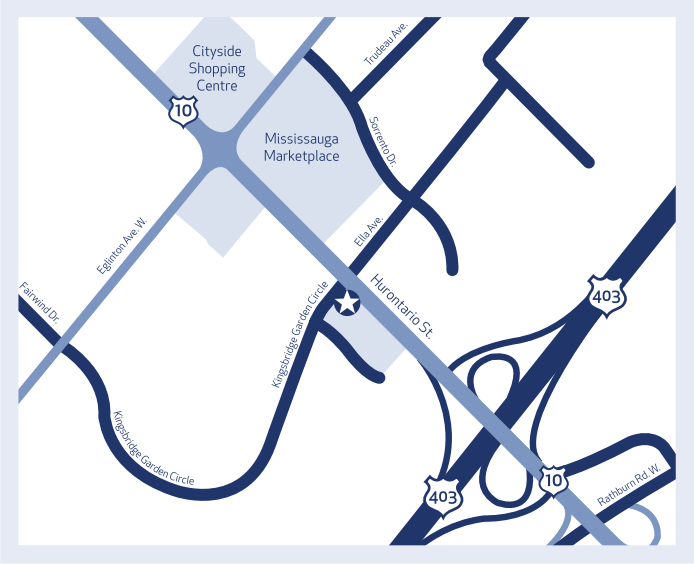
FREE PARKING

DIRECTIONS FROM TORONTO
401 W
Exit Hwy 403 (QEW/Hamilton)
North on Hurontario St.
Left on Kingsbridge Garden Circle
Left on Tucana Crt
Left into driveway



AJAX (MRI-CT)

AJAX
Harwood Plaza
300 Harwood Ave South
Phone: 905-426-8976
Fax: 905-426-5234
CT | MRI
FREE PARKING

DIRECTIONS FROM TORONTO
401 E
Exit Westney Rd S
Left (east) on Bayly Ave
Left (north) on Harwood Ave
Left into Harwood Plaza
(located beside Tim Hortons)