GNMI MEDICAL IMAGING | DURHAM REGION

MRI | CT | ULTRASOUND | XRAY | OBSP - MAMMOGRAPHY

AJAX 300 Harwood Ave. S | 905-426-8976 • 905-426-5234
Service: MRI CT
OSHAWA 1400 Ritson Rd., N, Unit 1 | 905-579-1208 • 905-579-5705
Service: Ultrasound X-Ray
WHITBY 200 Brock St., N | 905-666-4206 • 905-666-2298
Service: Ultrasound X-Ray Mammography
www.gnmi.ca **info@gnmi.ca**

Patient Last Name | Patient First Name | Referring Physician Name

Home Phone | Cell Phone | Email | Phone | Fax

OHIP # | Version Code | Sex M | F | DD / MM / YYYY Date of Birth | DD / MM / YYYY Date | Billing No:

❒ 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/SMS/ Email message? ❒ YES ❒ NO

CLINICAL HISTORY - EXAM REQUESTED *Please specify area to be examined

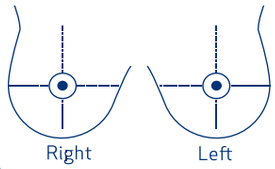
Doctor's Signature _____

Copy To: _____

BREAST IMAGING *(Whitby By Appointment)*

BREAST ULTRASOUND
❒ Bilateral ❒L ❒R

MAMMOGRAPHY
❒ OBSP
❒ Screening Mammogram
❒ Diagnostic Mammogram ❒L ❒R



MRI & CT *(Ajax)*

❒ 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? ❒ ❒

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 *(Ajax)*

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

ULTRASOUND *(Oshawa & Whitby By Appointment)*

GENERAL
❒ Abdomen
❒ 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 *(Oshawa & Whitby Walk-In)*

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 contacted to schedule an appointment
ULTRASOUND: Fax requisitions or call directly to book (WHITBY 905-666-4206 • 905-666-2298 OSHAWA 905-579-1208 905-579-5705)
XRAY: Walk-In (Oshawa & Whitby)

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**

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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.

AJAX	OSHAWA	WHITBY

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

OSHAWA (ULTRASOUND - XRAY)
1400 Ritson Rd., N, Unit 1
Phone: 905-579-1208
Fax: 905-579-5705

WHITBY (ULTRASOUND - X RAY-MAMMOGRAPHY)
200 Brock St., N
Phone: 905-666-4206
Fax: 905-666-2298
FREE PARKING