GNMI MEDICAL IMAGING

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

ST. CATHARINES 245 Pelham Rd. Unit# 213
Ph: 905-685-0132 • Fax: 905-685-4547

ST. CATHARINES 282 Linwell Road, Unit #116
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. Unit #114
Ph: 905-735-2929 • Fax: 905-735-2969

GRIMSBY 37 Main Street East #4
Ph: 289-797-2330 • Fax: 289-235-8193

HAMILTON-STONEY CREEK
631 Queenston Rd. Unit# 105
Ph: 905-560-8434 • Fax: 905-667-3093

HAMILTON 260 Nebo Rd. Unit# 5
Ph: 905-318-4082 • Fax: 905-318-9747

MISSISSAUGA 10 Kingsbridge Garden Circle
Phone: 905-568-3768 • Fax: 905-568-0941

Patient Information

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____ M | F DD / MM / YYYY

OHIP _____ Version Code _____ Sex _____ Date of Birth _____

Physician Information

Name _____ Address _____

Phone _____ Fax _____

DD / MM / YYYY Referring # _____

Date

Appointment Date/Time

DD / MM / YYYY Please see Patient Instructions on back

Appointment Date _____ Appointment Time _____ 24-hour notice required to cancel appointment or $50 charge will be billed to patient

NUCLEAR CARDIOLOGY *(By Appointment)*

MYOCARDIAL PERFUSION

- ❒ Exercise
- ❒ Persantine

Weight?_____ Height? _____

Contraindications to STRESS tests on back

CARDIOLOGY *(By Appointment)*

- ❒ Stress ECG (Exercise Stress Test)*
- ❒ Echocardiogram
- ❒ Stress Echo*

Holter Monitor: ❒ 24 hr ❒ 48 hr ❒ 72 hr

- ❒ Ambulatory Blood Pressure Monitor ($60)

TO BOOK CARDIOLOGY CALL 905-354-8448 OR FAX REQUISITION TO 905-354-4664

*Contraindications to STRESS tests on back

NUCLEAR MEDICINE *(By Appointment)*

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

X-RAY *(No Appointment)*

CHEST

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

HEAD & NECK

- ❒ Soft Tissue
- ❒ 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: 12345

LOWER EXTREMITIES

B	L	R	
❒	❒	❒	Knee
❒	❒	❒	Ankle
❒	❒	❒	Foot
❒	❒	❒	Hip
❒	❒	❒	Femur
❒	❒	❒	Tib. & Fib.
❒	❒	❒	Heel
❒	❒	❒	Toe: 12345

❒ Other: _____

ULTRASOUND *(By Appointment)*

GENERAL

- ❒ Abdomen
- ❒ Renal
- ❒ HCC Surveillance/Portal HTN
- ❒ Bladder
- ❒ PVR - Post Void Residual
- ❒ AAA Screening
- ❒ Abdominal Wall / Hernia
- ❒ Inguinal Canal
- ❒ Scrotum
- ❒ Thyroid
- ❒ Neck

FEMALE PELVIS

- ❒ Pelvis - transvaginal
- ❒ Pelvis - transabdominal

MALE PELVIS

- ❒ Pelvis - transabdominal bladder and prostate
- ❒ Prostate - transrectal

MUSCULOSKELETAL

B = *Bilateral*

	B	L	R
Shoulder	❒	❒	❒
Elbow	❒	❒	❒
Wrist	❒	❒	❒
Hand	❒	❒	❒
Hip	❒	❒	❒
Knee	❒	❒	❒
Achilles Tendon	❒	❒	❒
Ankle	❒	❒	❒
Foot	❒	❒	❒
Plantar Fascia	❒	❒	❒
Lumps & Bumps	❒	❒	❒

VASCULAR LAB

- ❒ Peripheral Arterial Legs - ABI
- ❒ Peripheral Arterial Arms
- ❒ Carotid Arteries
- ❒ Aorta
- ❒ Portal Venous Hypertension
- ❒ Venous Insufficiency/ Varicose Vein Assessment
- ❒ Peripheral Venous Legs - DVT ❒B ❒L ❒R
- ❒ Peripheral Venous Arms - DVT ❒B ❒L ❒R

❒ Other: _____

OBSTETRICS LMP: DD / MM / YYYY

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

BONE DENSITY *(BMD) (By Appointment)*

❒ Baseline ❒ 3 year - First follow up ❒ Low Risk: 5 year ❒ High Risk: 1 year

Clinical History Requested

❒ WSIB ❒ STAT

_____ Copy To: _____

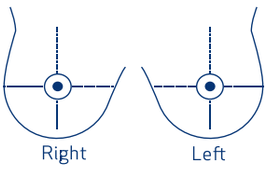
Doctor's Signature

BREAST ULTRASOUND

❒ Bilateral ❒L ❒R

MAMMOGRAPHY

- ❒ OBSP
- ❒ Screening Mammogram
- ❒ Diagnostic Mammogram ❒L ❒R



OTHER LOCATIONS: Mississauga (905) 568-3768 Hamilton (905) 560-8434

www.gnmi.ca info@gnmi.ca

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

Ultrasound Preparation and Instructions

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

ABDOMEN/PELVIS No eating or drinking 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.

Cardiology Instructions

Patient preparation for stress test: Comfortable loose fitting clothing with comfortable walking shoes/joggers. **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

GNMI MEDICAL IMAGING | MRI & CT MEDICAL IMAGING

❒ MISSISSAUGA
10 Kingsbridge Garden Circle

❒ AJAX
300 Harwood Avenue South

FREE PARKING
Phone: (905) 568-3768
Fax: (905) 568-0941
www.gnmi.ca **info@gnmi.ca**

Patient First Name _____ Patient Last 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) Referring # _____

❒ Non-OHIP/Third-party

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

CLINICAL HISTORY – EXAM REQUESTED *(Please be specific)*

❒ CT ❒ MRI

Doctor's Signature _____ Copy To: _____

PREVIOUS RELEVANT EXAMS

Please provide all previous reports with requisition
Please state **when** and **where** for each exam

None	❒	_____
MRI	❒	_____
CT	❒	_____
X-ray	❒	_____
Ultrasound	❒	_____
Nuclear Medicine	❒	_____

LIST ALL SURGERY

Please list all surgeries and specify a date and type.
Please provide all surgical reports with requisition.

_____
DD / MM / YYYY

_____
DD / MM / YYYY

Most recent Creatinine/GFR levels within 3 mos:

Creatinine _____ GFR _____

Date DD / MM / YYYY

Date of last menstrual cycle

Date DD / MM / YYYY

Weight _____ Height _____

FOR CT PATIENTS

	YES	NO
Does patient have a history of kidney disease? (e.g., one kidney, renal failure, dialysis)	❒	❒
Is patient diabetic?	❒	❒
Previous reaction to IV contrast?	❒	❒
Is patient taking Metformin or Glucophage?	❒	❒

Please list known allergies:

_____

FOR MRI PATIENTS

(To be completed with patient)

	YES	NO
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?	❒	❒
Allergy to gadolinium contrast?	❒	❒

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):

_____

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http://www.health.gov.ca/en/public/programs/ihf/facilities.aspx

***FAX COMPLETED MRI & CT REQUISITIONS TO: (905)-568-0941**
Patient will be directly contacted to schedule an appointment