Brockville General Hospital

# MRI REQUISITION

**PLEASE FAX COMPLETED REQ TO (855) 564-1890**

As of July 2026

## DIAGNOSTIC IMAGING USE ONLY

| Requisition Received Date: Time | Appointment Date Time |
|---|---|
| | |

## PATIENT INFORMATION

| Last Name | First Name | Date of Birth YYYY MM DD |
|---|---|---|
| Address | City | Postal Code |
| Phone | E-mail Address | Health Card Number / Version Code |

## CLINICAL INFORMATION

**MRI REQUESTED:**

**REASON FOR EXAM/RELEVANT CLINICAL HISTORY:**

## SAFETY SCREENING (MUST COMPLETE FOR ALL MRI EXAMS REQUESTED)

| | | | | | |
|---|---|---|---|---|---|
| Patient claustrophobic | ☐ Y ☐ N | Eye injury, metal worker | ☐ Y ☐ N | Patient over 60 | ☐ Y ☐ N |
| Pacemaker/defibrillator (even past) heart surgery | ☐ Y ☐ N | Prosthesis or metal in body | ☐ Y ☐ N | Diabetes or hypertension | ☐ Y ☐ N |
| Cerebral aneurysm clip | ☐ Y ☐ N | Ear or eye implants | ☐ Y ☐ N | Severe hepatic disease | ☐ Y ☐ N |
| Coil ,filter, stent, graft, clip, wires | ☐ Y ☐ N | Electronic pump, sensor | ☐ Y ☐ N | Liver transplant | ☐ Y ☐ N |
| Electronic stimulator | ☐ Y ☐ N | Shunt | ☐ Y ☐ N | PICC line/IV problems | ☐ Y ☐ N |
| Shrapnel, bullets, BB, pellets | ☐ Y ☐ N | Patient pregnant? | ☐ Y ☐ N | | |
| Behaviour or cognitive concerns | ☐ Y ☐ N | Mobility concerns | ☐ Y ☐ N | | |
| **Colonoscopy last 6 weeks** | ☐ Y ☐ N | | | | |

## CONTRAST SCREENING

## CLINICIAN INFORMATION

| Requesting Clinician Name (PRINT First and Last Name) | Clinician Fax Number |
|---|---|
| Clinician Signature | Clinician Phone Number |

**REQUISITIONS WITHOUT A LEGIBLE NAME, SIGNATURE AND FAX NUMBER WILL BE RETURNED, WHICH MAY CAUSE DELAYS IN PATIENT CARE**

| Copy Report to (PRINT First and Last Name) | Copy to Fax Number |
|---|---|
| | |

## DIAGNOSTIC IMAGING USE ONLY

Relevant Previous Exam

☐ MRI ☐ CT ☐ US

☐ Angio ☐ Nuc Med ☐ X-ray

Dates and Locations:

eGFR: _____

Technologist Notes

Radiologist Protocol and Priority

☐ P1 ☐ P2 ☐ P3 ☐ P4 Special Date: _____/_____/_____ YYYY/MM/DD

**GAD**

☐ **Yes** ☐ **No**

Location: brockvillegeneralhospital.ca/Patient Care/Patient Referral Forms and Requisitions/Diagnostic Imaging/MRI