

North Shore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

North Vancouver

139 West 16th Street
North Vancouver, BC V7M 1T3
Tel: 604 998 1113
Fax: 604 984 8395
www.nsmi.ca

MRI REQUISITION

To book an appointment, please call our MRI Department: 604 998 1113

PATIENT DETAILS

Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Date of Birth: (dd/mm/yy) _____ Male Female Weight: _____

Daytime Phone: _____ Home Phone: _____ Cell: _____

WCB Claim No: _____ Bill to third party: _____

PATIENTS WILL NOT RECEIVE A MRI IF THEY HAVE ONE OF THE FOLLOWING CONDITIONS:

- Cardiac Pacemaker
- Defibrillator
- Cochlear Implants
- Neurostimulator
- Patients under 10 years

Does the patient have a cardiac valve, stent or any other implanted surgical device? Yes No

Please provide details in writing. _____

Has the patient had a metallic foreign body in their eye or worked with metal? Yes No

Orbit X-Ray ordered? If yes, where? _____ Yes No

PATIENT INFORMATION:

Pregnant: Yes No Date of LMP: _____ Breast feeding: Yes No

Renal Function: Normal Abnormal If abnormal, Creatinine = _____ Claustrophobic: Yes No

EXAM REQUESTED:

CLINICAL HISTORY: Please provide relevant prior imaging and/or reports with requisition.

HEAD:

- Carotid & Circle of Willis MRA
- Head:
 - Routine
 - MS
 - MS Screen (Head and Spinal Cord)
 - Trauma includes SWI
- Internal Auditory Canal (IAC)
- Orbits
- Paranasal Sinuses
- Pituitary Fossa
- TMJ

BODY:

- Abdomen
- Abdomen & Pelvis
- Brachial Plexus
- Chest Wall
- Extremity masses
- MRCP
- MRA Renal or Aorta
- Neck
- Pelvis
- Piriformis

JOINTS:

- Ankle
- Ankle & entire foot
- Elbow
- Foot
- Hand
- Hip
- Knee
- Shoulder
- Wrist
- Other joint
- MR Arthrogram

BREAST:

- Breast - implant assessment
- Breast - cancer screening

SPINE:

- Cervical
- Thoracic
- Lumbar:
 - Routine
 - Back Pain Screen
(not for investigating radiculopathy or spinal stenosis)
- Gadolinium/Contrast

PHYSICIAN DETAILS:

Name: _____ Date: _____

Billing number: _____ Signature: _____

Office/Clinic: _____ Copy to: _____

Doctor stamp _____ Clinic stamp _____

YOUR MRI APPOINTMENT

Booking your MRI scan

You will need a referral from a doctor or specialist.

To book your appointment:

1. A MRI requisition form with all sections completed is required.
2. Submit the MRI Requisition Form to our office:
 - a) Scan the form and email it to us at mri@nsmi.ca.
 - b) Fax the form to our office at 604 984 8395.
 - c) Drop it off at our North Vancouver office
3. Call us at 604 998 1113

Once your form has been received, our staff will contact you to schedule an appointment that is convenient for you.

Preparing for your MRI appointment

When your appointment is booked we will let you know if any preparation is required.

A few guidelines:

- Unless advised otherwise, you can eat and drink as usual before the exam and continue taking any prescription medications.
- Please do not apply scented lotions, hair products or perfume on the day of your exam.
- Please arrive 15 minutes before your scheduled appointment so that you have time to complete and sign a questionnaire regarding your medical history.

After your MRI appointment

A radiologist will interpret the images and send a report to your doctor or specialist within 24 hours. Your doctor or specialist will discuss the results of the scan with you.

