3045 Baseline Road
Nepean, Ontario
K2H 8P4

All Diagnostic Imaging Bookings
Call: 613-721-4711
Fax: 613-721-4771

DIAGNOSTIC IMAGING
SPECIALIZED IMAGING REFERRAL FORM
(C.T. SCAN, MRI, NUCLEAR MEDICINE)

Please complete all sections and SIGN.
Requisition is required to preform any diagnostic test
Referral forms with insufficient clinical information will be returned

WSIB

Name of employer:
Address of employer:
Date of accident:
Social insurance No.
Claim No.:

C.T. / MRI REQUESTS

Head: _____

Spine: _____

Body: _____

MSK: _____

Other: _____

Max weight 170kg (162cm girth)

MRI PATIENT SCREENING
(must be completed to be booked)

YES	NO	CLINICAL INFORMATION
☐	☐	Cardiac Pacemaker
☐	☐	Cardiac Defibrillator
☐	☐	Heart Valve Prosthesis
☐	☐	Intacranial aneurysm clip
☐	☐	Intraocular (eye) implant
☐	☐	Intraocular (eye) foreign object
☐	☐	Cochlear (ear) implant
☐	☐	Neurostimulator (tens) implant
☐	☐	Tattoos; body piercings
☐	☐	Aortic clips/stents/Stents/Shunts
☐	☐	I.U.D./Penile implant
☐	☐	Claustrophobia
☐	☐	Grinder/Welder/Metal worker

Max weight 170kg

NUCLEAR MEDICINE REQUEST

- ☐ Bone Scan
- ☐ Breast Scan (Sentinel node Injection)
- ☐ Gallium Scan
- ☐ Kidney Scan (differential)
- ☐ Kidney Scan (diuretic)
- ☐ Kidney Scan (captopril)
- ☐ Thyroid Scan
- ☐ Liver Scan
- ☐ Lung Scan
- ☐ Meckel's Scan
- ☐ LV Gated Scan (MUGA)
- ☐ Cardiac Scan (persantine)
- ☐ Cardiac Scan (exercise)
- ☐ H.I.D.A. Scan
- ☐ Other _____

Max weight 158kg

The following information must be provided prior to test being scheduled

	Yes	No
1) Pregnant/Breast Feeding	☐	☐
2) Allergy to Iodine or Gadolinium	☐	☐
3) Diabetic on Metformin/Glucophage/Avandia Met	☐	☐
4) Does your patient have kidney problems or a kidney transplant?	☐	☐
5) Has your patient seen or are they waiting to see a nephrologist or urologist?	☐	☐

** If you answer "yes" to questions 4 or 5, please send a recent GFR (within prior 6 months).

Creatinine _____ **Glomerular Filtration Rate (GFR)** _____

IMPORTANT PATIENT INFORMATION ON OTHER SIDE
(CLINICAL INFORMATION IS MANDATORY)

Clinical Information / Reason for test:

Referring Physician: **PLEASE SIGN AND PRINT**

Copy report to Physician: **PLEASE PRINT**

Protocol (Dep use only)

As discussed with

_____
Radiologist's Name

Isolation Precautions

☐ **Yes** ☐ **No**

- ☐ Contact
- ☐ Airborne
- ☐ Droplet

Thank you for allowing us to service your Diagnostic health care needs!

RADI 187-22-06

IMPORTANT PATIENT PREPARATION

If a patient is more than 15 minutes late for their appointment they may be rebooked. Patients that do not follow test preparation or fail to cancel their appointment at least 24 hours prior to test may be charged $50.00 fee.

C.T. SCAN

No preparation

- Temporal Bone
- Sinus
- Thoracic Spine
- Lumbar Spine
- Sacroiliac Joints

Out-patients: Fasting 4 hrs before test, if oral arrive 90 minutes before appointment time.
If not oral arrive 15 minutes before appointment time.

In-patients: If oral contrast 90 minutes before test. If not oral start contrast 15 minutes before test.

- Abdomen
- Pelvis

Fasting 4 hrs before test

- Brain
- Pituitary gland (sella)
- Chest (Thorax)
- Neck
- Cervical Spine
- Musculoskeletal
- Angio C.T.
- Abdomen
- Pelvis
- Abdomen & Pelvis

***Allergy to Iodine:**
Prednisone - 50 mg by mouth at 13 hours, 7 hours, and 1 hour before contrast media injection, plus Diphenhydramine (Benadryl®) - 50 mg intravenously, intramuscularly, or by mouth 1 hour before contrast medium [12].

***Diabetic:**
Outpatients: Should not take Metformin / Glucosphage or Avandia Met 48 hours prior and 48 hours after exam.

In-Patient: Please follow seperate 48 hour post test protocol.

* All **CT Scan** appointments : Please contact us if your patient weighs more than 375 lbs.

NUCLEAR MEDICINE

No Preparation

- Bone Scan
- Liver Scan
- Gallium Scan
- Lung Scan

Fasting (4-6 hrs) before test

- Cardiac Stress test
- Meckels Scan
- H.I.D.A. Scan

Special Instructions

- Cardiac Stress test ***
- Kidney ***
- Thyroid ***

** **For a Cardiac StressTest: No caffeine 48 hrs prior to test, fast 4 hours before test.**
*** Follow instructions given by our Patient Scheduling Department.
Note: For a **Thyroid Scan,** the patient cannot have had X-ray dye and or Contrast media within the past six weeks.

M R I

- Please contact the imaging booking department if you answered yes to any of the MRI screening questions before you send your referral. More information and O.R. Reports may be required to expedite the booking procedure.
- All patients will need to complete a second MRI Patient Screening Form prior to MRI exam.
- Most MRI examinations require no special preparation. Any test requiring will be explained at the time of booking your appointment.
- Abdomen & Pelvis MRI's : The patient needs to fast 4 hrs prior to test.
- Please contact us prior to booking test if the patient weighs more than 375 lbs,

FOR ANY PREPARATION OR BOOKING QUESTIONS CONTACT (721-4711)