

Trillium Health Centre (MRI Requisition) – WSIB & 3rd Party

100 Queensway West, Main Floor
Mississauga, Ontario L5B 1B8

Phone: (905) 848-7499

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IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE AT (905) 848-7499 TO CANCEL

IMPORTANT NOTICE: A booking will **not** be made for any MRI examination unless **all** sections of this form are completed by the Referring Physician. If the test is being requested based on abnormalities found on an imaging study performed outside Trillium Health Centre, the relevant images/reports **MUST** accompany this requisition. **The "MRI Patient screening" section must be completed and signed by the patient.**

<p>Patient Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Surname First Name </div> </p> <p>Date of Birth: ____/____/____ <div style="display: flex; justify-content: space-between; width: 100%;"> Day Month Year </div> </p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Accurate Weight (Max 300lbs): _____</p> <p>Height: _____</p> <p>Health Card #: _____</p> <p>Hospital Unit #: _____</p> <p>e-mail: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Telephone Res: () _____ Bus: () _____</p> <hr/> <p>Exam Requested: _____</p> <hr/> <p>Clinical Information: _____ _____ _____ _____ _____</p> <p style="text-align: center;">*PLEASE ATTACH RELEVANT PREVIOUS REPORTS*</p> <hr/> <p>Referring Physician: _____</p> <p>Address: _____</p> <p>OHIP Billing Number: _____</p> <p>Phone #: _____</p> <p>Fax: _____</p> <p>Physician Signature: _____</p> <hr/> <p>WSIB Claim #: _____ or Insurance Claim #: _____</p> <p>Requisition Rec'd: _____</p> <p>Appointment time: ____/____/____ <div style="display: flex; justify-content: space-between; width: 100%;"> Day Month Year </div></p>	<p>Diagnostic Imaging Protocol-MRI tech use only</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 5px;">Patient Screening</th> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;">For all questions, please check "Yes" or "No"</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Note: If the answer to #1 or 2 is 'Yes', an X-ray of the orbits must be carried out and the report attached.</td> </tr> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">1. Have you ever worked as a metal grinder/welder?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">2. Has metal ever gone into your eye?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">3. Could you be pregnant?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">4. Do you have any of the following:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Cardiac Pacemaker</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Artificial Cardiac Valve.. 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If 'Yes', when?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Shrapnel/Bullet...If 'Yes', where?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Port-a-cath...Pump?</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Dentures/braces</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">• Any other implanted device...Specify</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> <tr> <td style="padding: 2px 5px;">5. 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