



# SASKATCHEWAN MRI REQUISITION

## REGINA

135, 1621 Albert Street, Regina, SK  
Tel 306.569.9729 (Ext. 4)  
Fax 306.569.1014

## SASKATOON

115, 210 Avenue P South, Saskatoon, SK  
Tel 306.664.8600  
Fax 306.664.8601

### PATIENT & APPOINTMENT INFORMATION

Place patient label here

Date of Request: D/\_\_\_\_ M/\_\_\_\_ Y/\_\_\_\_

Name: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Date of Birth: D/\_\_\_\_ M/\_\_\_\_ Y/\_\_\_\_

Saskatchewan Health Card Number: \_\_\_\_\_

WCB Number: \_\_\_\_\_

**Appt. Date:** D/\_\_\_\_ M/\_\_\_\_ Y/\_\_\_\_ **Time:** \_\_\_\_\_

### HISTORY

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

### EXAM TYPE - MRI

Book Private MRI at:  Regina Clinic  Saskatoon Clinic

Diagnostic Exam: \_\_\_\_\_ (specify location)

Or choose from the following common exams:

- Brain
- Cervical Spine  Thoracic Spine  Lumbar Spine
- Abdomen  Pelvis
- Joint: \_\_\_\_\_  R  L
- Other: \_\_\_\_\_ (specify location)

### MRI SCREENING

Patient History - Check box if applicable:

- Claustrophobia
  - Pregnant (LMP \_\_\_\_\_)
  - Over 475 lbs.
  - Cardiac pacemaker
  - Coronary artery, heart valve surgery
  - Aneurysm surgery or clip
  - Inner ear implant
  - Gunshot, metal fragment
  - Eye/head metal foreign body<sup>1</sup>
  - Welder, machinist, sheet metal worker<sup>1</sup>
  - Endoscope (within the last year)
- <sup>1</sup> Forward current orbit radiograph report.

### URGENCY LEVEL

- Emergent (STAT to 24 hours)
- Urgent (2-7 days)
- Semi-Urgent (8-30 days)
- Elective (31-90 days)

### RENAL FUNCTION

Creatinine: \_\_\_\_\_

GFR: \_\_\_\_\_

Date: \_\_\_\_\_ D/M/Y

Note - Patients 70 years and above require a renal panel.

### HEALTHCARE PROVIDER'S INFORMATION

Referring Health Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Practitioner's ID/Stamp:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Copy to: \_\_\_\_\_  WCB - Saskatchewan

**Stat Report**

All images and reports will be available on provincial pacs.

## OUR DIFFERENCE

Mayfair Diagnostics is pleased to be offering both private and public MRI services to the people of Saskatchewan. Our state-of-the-art MRI technology, fellowship trained radiologists, expert interpretations, and quick turnaround time put you at the heart of all we do. At Mayfair, you are what matters most to us.

## PATIENT INFORMATION

1. Please bring your health insurance card and this requisition.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
3. Please do not bring children who require supervision.
4. Arrive 30 minutes early for your appointment. Please call us if you are unable to keep your appointment.

5. Kindly advise us of any limitation of mobility prior to your exam.
6. Please do not wear fragrance as others may be sensitive.
7. Please advise us if you are in a wheelchair so we can better accommodate your needs.

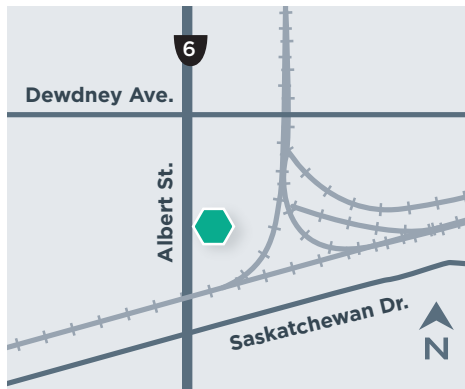
## PREPARATION INSTRUCTIONS

**Abdominal MRI or Pelvic MRI** – Please do not eat or drink 4 hours prior to the examination.

**All other MRI** – There are no additional preparation instructions.

### Mayfair Diagnostics Regina

135, 1621 Albert Street  
 Regina, SK S4P 2S5



### Mayfair Diagnostics Saskatoon

115, 210 Avenue P South  
 Saskatoon, SK S7M 2W2



### Regina Centre Crossing Patient Parking Access

■ FREE VISITOR PARKING
 ■ PATIENT DESIGNATED PAID PARKING



SASKATCHEWAN  
MRI REQUISITION  
ORDER FORM

MAYFAIR<sup>®</sup>  
DIAGNOSTICS

REGINA  
Tel 306.569.9729 (Ext. 4)  
Fax 306.569.1014

SASKATOON  
Tel 306.664.8600  
Fax 306.664.8601

**Attention!** You are almost out of MRI Requisition forms.

TO REPLENISH YOUR SUPPLY OF MRI REQUISITION FORMS:

**Call us at Regina** 306.569.9729 (Ext. 4) **Saskatoon** 306.664.8600

**E-mail** your request to [requisitions@radiology.ca](mailto:requisitions@radiology.ca)

**Fax** this form to **Regina** 306.569.1014 **Saskatoon** 306.664.8601

**Print** requisitions directly from [radiology.ca/requisition-forms](http://radiology.ca/requisition-forms)

**EMR** upload assistance available. Please contact us at the above phone numbers or email address.

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of requisition pads required: \_\_\_\_\_

**Thank you for your referrals.**



Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.