

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 & AP	POINTMENT	T INFORMATIO	Ν					
Place patient label here				Home Phone:				
Date of Request: D/		Y/		Other Phone:				
			Male	Date of Birth: D/		M/	Y/	
Name:			Male	Saskatchewan Hea	Ith Card N	lumber:		
Address:				WCB Number:				
City:	Province:	Postal Code:		Appt. Date: D/	M/	Y/	Time:	am pm
HISTORY								
Please complete this sec staff to provide the mos			ell as any	y relevant previous exa	mination re	eports. This	enables our cli	nic
EXAM TYPE -	MRI		M	1RI SCREENIN	G			
Book Private MRI at:	Regina Clinic	Saskatoon Clinic	Pa	atient History - Chec Claustrophobia	k box if a	pplicable:		
Diagnostic Exam:	(specify	location)		Pregnant (LMP Over 475 lbs.)			
Or choose from	n the following co	ommon exams:		Cardiac pacemaker Coronary artery, hea		urgery		
Cervical Spine	Thoracic Spino	Lumbar Spine		Aneurysm surgery of Inner ear implant	or clip			
-	-	Lumbar Spine		Gunshot, metal frag	ment			
Abdomen				Eye/head metal fore		. 1		
Joint:		R L		Welder, machinist, s				
Other:	(specify loca	tion)		Endoscope (within	the last ye	ear)		
				On dialysis				
URGENCY LEV	EL		1	Forward current orbit re	adiograph r	eport.		
Emergent (STAT to Urgent (2-7 days) Semi-Urgent (8-30 Elective (31-90 days	days)							
REFERRER INF	ORMATION	l						
Name:			Add	ress:				
Signature:			Prac	ctitioner's ID/Stamp:				
Phone:	Fax:		_					
Copy to:		WCB - Saskatchewa	<u>n</u> :	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 times 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.
- 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 four hours prior to the examination.

All other MRI - There are no additional preparation instructions.

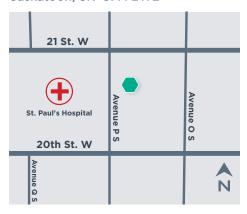
Mayfair Diagnostics Regina

135, 1621 Albert Street Regina, SK S4P 2S5



Mayfair Diagnostics Saskatoon

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



Regina Centre Crossing PATIENT DESIGNATED FREE VISITOR PARKING PAID PARKING **Patient Parking Access** Lot A **Paid Parking** Lot G No parking for **Patients** Please adhere to visitor parking signs while on site. Front Entrance Albert St. MAYFAIR REGINA CENTRE Southeast Entrance A



ORDER FORM

Attention! You are almost out of MRI requisition forms.

TO REPLENISH YOUR SUPPLY OF MRI REQUISITION FORMS:

E-mail your request to bd@radiology.ca.

Print requisitions directly from radiology.ca/requisition-forms

EMR upload assistance available. Please contact us at bd@radiology.ca.

Clinic:
Address:
Phone:
Email:
Number of requisition pads required:

Thank you for your referrals.



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