



THE HOSPITAL  
FOR SICK CHILDREN

# Request for Magnetic Resonance Imaging (MRI)

### MRI Contact information

Tel: (416) 813 – 5774 Fax: (416) 813 – 5789

Phone department if emergent or urgent

1. Will the patient be able to be cooperative and remain still for about 60 min?  Yes  No  
If not, the patient may require general anesthesia.

2. Exam requested (all parts to be examined)

Relevant previous imaging: \_\_\_\_\_  
Imaging done in  SickKids  Outside institution

ADDRESSOGRAPH

Patient Weight:

Patient Height:

### Initial MRI Screening:

- |                     |   |                               |   |
|---------------------|---|-------------------------------|---|
| Aneurysm clip       | Y <input type="checkbox"/> N <input type="checkbox"/> | Intraventricular shunt        | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Embolisation coils  | Y <input type="checkbox"/> N <input type="checkbox"/> | Programmable shunt            | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Inner ear implant   | Y <input type="checkbox"/> N <input type="checkbox"/> | Hx of penetrating eye injury  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Neuro/biostimulator | Y <input type="checkbox"/> N <input type="checkbox"/> | Metal prosthesis              | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Electronic Implant  | Y <input type="checkbox"/> N <input type="checkbox"/> | Implanted drug infusion       | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Braces              | Y <input type="checkbox"/> N <input type="checkbox"/> | Surgeries outside of SickKids | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Pregnant            | Y <input type="checkbox"/> N <input type="checkbox"/> | Details:                      |   |

3. History and indications for exam (working or known diagnosis, symptoms, clinical findings)

### 4. Additional relevant history and comments

- |                               |   |  |   |
|-------------------------------|---|--|---|
| Cardiac anomaly               | Y <input type="checkbox"/> N <input type="checkbox"/> | Family Hx of malignant hyperthermia                            | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Respiratory/airway problems   | Y <input type="checkbox"/> N <input type="checkbox"/> | Neck instability   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Allergies                     | Y <input type="checkbox"/> N <input type="checkbox"/> | Unable to lie flat   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Previous reaction to contrast | Y <input type="checkbox"/> N <input type="checkbox"/> | Provide details if you answered "Yes" to any of the questions: |   |
| Diabetic                      | Y <input type="checkbox"/> N <input type="checkbox"/> |  |   |
| Metabolic                     | Y <input type="checkbox"/> N <input type="checkbox"/> |  |   |
| Renal disease                 | Y <input type="checkbox"/> N <input type="checkbox"/> |  |   |
| Sickle cell disease           | Y <input type="checkbox"/> N <input type="checkbox"/> |  |   |

### 5. Preferred date of exam:

Elective Y  N   
\_\_\_\_\_  
Date of O.R. if pre-procedure exam:  
\_\_\_\_\_  
If follow-up please state time interval desired:  
\_\_\_\_\_

### 6. Responsible physician

Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Department at SickKids: \_\_\_\_\_ Fax #: \_\_\_\_\_ Pager #: \_\_\_\_\_

7. Ordering Clinician Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### DI USE ONLY

#### Comments:

#### Urgency

- Emergent (<24 hours)
  - Inpatient or Urgent (<2 days)
  - Semi-Urgent (<10 days)
  - Elective
  - Specified time procedure
- Radiologist's initial: \_\_\_\_\_

#### Protocol:

Radiologist initials: \_\_\_\_\_

#### Booking Clerk

Date received: \_\_\_\_\_  
Letter sent (date): \_\_\_\_\_  
Clinic notification date: \_\_\_\_\_  
Family notification date: \_\_\_\_\_

Incomplete forms will be returned to you for completion, resulting in a delay in obtaining an appointment.