SickKids
THE HOSPITAL
FOR SICK CHILDREN

Request for Magnetic Resonance Imaging (MRI)

ADDRESSOGRAPH

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 sedation or general anesthesia.

Weight:

2. Exam requested (all parts to be examined)

Relevant previous imaging: _____
Imaging done in ❑ SickKids ❑ Outside institution

Initial MRI Screening:

Aneurysm clip	Y ❑ N ❑	Intraventricular shunt	Y ❑ N ❑
Embolisation coils	Y ❑ N ❑	Programmable shunt	Y ❑ N ❑
Inner ear implant	Y ❑ N ❑	Hx of penetrating eye injury	Y ❑ N ❑
Neuro/biostimulator	Y ❑ N ❑	Metal prosthesis	Y ❑ N ❑
Implant	Y ❑ N ❑	Implanted drug infusion	Y ❑ N ❑
Braces	Y ❑ N ❑	Unable to lie flat	Y ❑ N ❑
Pregnant	Y ❑ N ❑	Any surgery including dental	Y ❑ N ❑
Details :		Date of previous surgery:	_____

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

4. Additional relevant history and comments

Cardiac anomaly	Y ❑ N ❑	Family Hx of malignant hyperthermia	Y ❑ N ❑
Respiratory/airway problems	Y ❑ N ❑	Neck instability	Y ❑ N ❑
Allergies	Y ❑ N ❑	Other	Y ❑ N ❑
Previous reaction to contrast	Y ❑ N ❑	Provide details if you answered "Yes" to any of the questions:	
Diabetic	Y ❑ N ❑		
Metabolic	Y ❑ N ❑		
Renal disease	Y ❑ N ❑		
Sickle cell disease	Y ❑ N ❑		

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.