



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:** _____ am pm

HISTORY

Please complete this section with as many details as possible, as well as any relevant previous examination reports. This enables our clinic staff to provide the most comprehensive patient care.

EXAM TYPE - MRI MRI SCREENING

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)

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 ¹
- Welder, machinist, sheet metal worker ¹
- Endoscope (within the last year)
- On dialysis

¹ 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)

REFERRER INFORMATION

Name: _____

Signature: _____

Phone: _____ Fax: _____

Copy to: _____ WCB - Saskatchewan

Address: _____

Practitioner's ID/Stamp: _____

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.
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 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



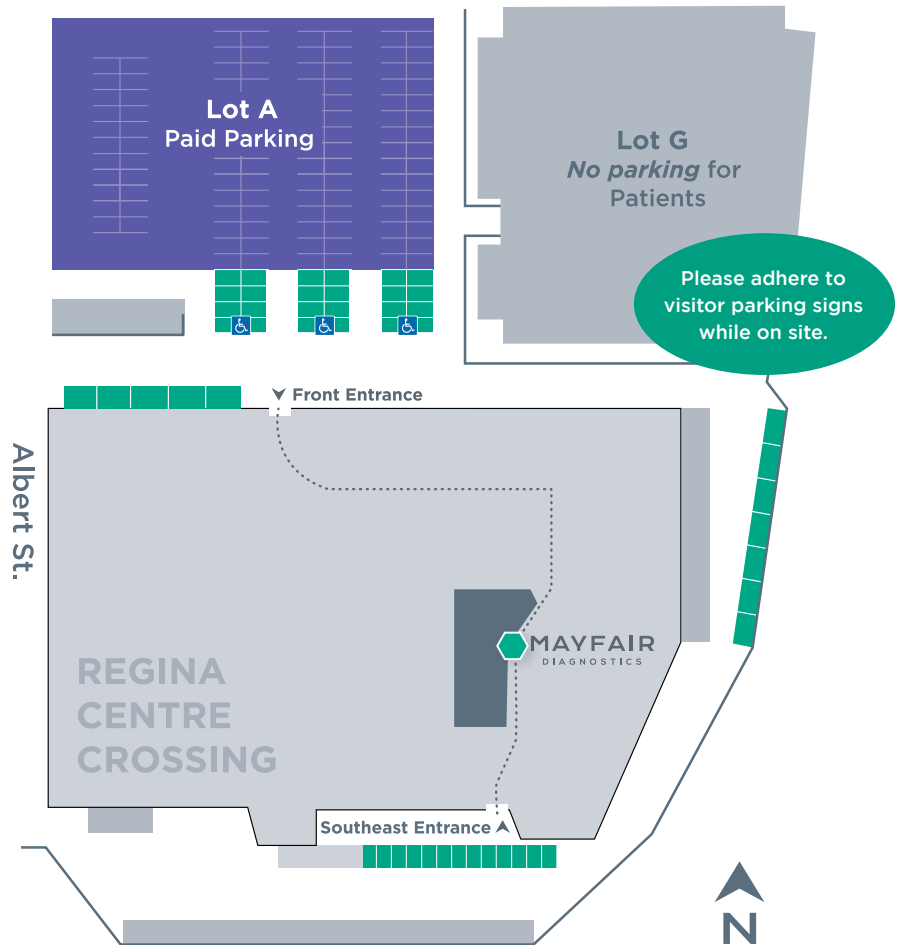
Mayfair Diagnostics Saskatoon

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



Regina Centre Crossing Patient Parking Access

■ FREE VISITOR PARKING
 ■ PATIENT DESIGNATED PAID PARKING



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.



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